FOR USE IN THE OFFICE OF REGISTRAR (EXAMS)

## JAI NARAIN VYAS UNIVERSITY, JODHPUR

## FORM OF APPLICATION FOR CARRYING OVER THE EXAMINATION FEES

(This application must reach the office of Registrar (Exams.) direct within one month from the date of commencement of the examination at which the candidate was registered)

1. Name of the candid			
(In block letters)			
2. Father's Name		10	A. Amount deposited Rs.
(for postgraduate ex	an an order to an arrangement of the control of the	et as to appleive quality about less	
4. Date of the comme which registered		ncy has been detected and therefor	
5. Roll number allotte	d for the above examination		
6. (a) Name of Facult	y/Institution from which registe	ered	
(b) Place of residen	ce (in case of private candidates		
7. Name of examination	on centre		
8. For which examinate carried over ?	tion the fee is desired to be		
Postal address at which	h the candidate desires the decis	ion	7
		Signature of the co	andidate in full (with date)
		Signature of the co	andidate in full (with date)
		Signature of the co	andidate in full (with date)
		Signature of the co	andidate in full (with date)
	MEDICAL	Signature of the concentration	andidate in full (with date)
certify that Mr./Mrs/N			andidate in full (with date)
	1is <b>s</b>		andidate in full (with date)
s/was suffering from (dis	1is <b>s</b>	CERTIFICATE	nent. He/She is/was advised
s/was suffering from (dis	liss ease)	CERTIFICATE	
s/was suffering from (dis	fiss ease)	CERTIFICATE  and is/was under my treatn	
s/was suffering from (dis	fiss ease)	CERTIFICATE  and is/was under my treatn to	
s/was suffering from (dis	to  day(s) i.e. from	CERTIFICATE  and is/was under my treatn to	nent. He/She is/was advised
s/was suffering from (dis	fiss ease)	and is/was under my treatments	nent. He/She is/was advised
certify that Mr./Mrs/Ns/was suffering from (discomplete rest for	to  day(s) i.e. from	and is/was under my treatment to  Signature  Designation	nent. He/She is/was advised
s/was suffering from (dis	to  day(s) i.e. from	and is/was under my treatments to  Signature  Designation Registration No.	nent. He/She is/was advised

Note: 1. In the case of a candidate who could not appear at the examination for reasons other than illness, some documentary proof must be attached to this application to corroborate his/her statement.

2. If all the required particulars, as above, are not given by the applicant/Physician the application form is liable to be rejected.

## FOR USE IN THE OFFICE OF REGISTRAR (EXAMS.)

from the date of	ered/entered in the receipt Register a	ust reach the office of Registra	(This application m
	at which the candidate was registered		
		Initials of	receipt clerk (with date)
A. Amount deposited l	Rs	m la	
B. Receipt No.		nly. er which the amount was depo	
D. The fee may be car	utinized under the provisions of Ord ried over as per rules (1/4 of the am- epancy has been detected and theref	inance Number 90 and found ount to be deducted if practice	in order. als are also involved).
		(in case of private standalates)	
		r asimo	7. Name of enginetion
			8. Por which examination curried over ? Postal address at which the of the University to be ex-
		OCCUPATION OF THE PROPERTY OF	Carrier Stranger and Inc.
		OCCUPATION IN	
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