



**NATIONAL MUSEUM INSTITUTE**  
OF HISTORY OF ART, CONSERVATION AND MUSEOLOGY

*(Deemed to be University)*

**EXAMINATION FORM**

**SEMESTER EXAMINATION: July - December 2015**

*(To be filled by the student)*

Paste Self  
Attested Recent  
Photograph

Name of Course:  Session:

Semester:  Discipline:

Current Year: First:  Second:  Third:  Exam: Regular  Supplementary

Name of Candidate (As per High School Records):

Father's Name (As per High School Records):

Mother's Name (As per High School Records):

Date of Birth: ------------ Category: Gen  SC  ST  OBC

Gender: Male:  Female:  Year of Admission:

Roll No:  Enrollment No.

Address: \_\_\_\_\_ Pin code: \_\_\_\_\_ State: \_\_\_\_\_

Student's E-Mail ID: \_\_\_\_\_

Student's Mobile No: \_\_\_\_\_ Alternate Mobile No: \_\_\_\_\_

Regular Exam Details:

Supplementary Exam Details (If appearing):

- |          |                           |
|----------|---------------------------|
| 1. _____ | 1. _____ Semester : _____ |
| 2. _____ | 2. _____ Semester : _____ |
| 3. _____ | 3. _____ Semester : _____ |
| 4. _____ | 4. _____ Semester : _____ |
| 5. _____ | 5. _____ Semester : _____ |
| 6. _____ | 6. _____ Semester : _____ |

*(Please attach zerox copy of the Regular and/or supplementary exam fees receipts)*

**Declaration by Candidate:**

I hereby declare that the information given above has been filled by me and are correct to the best of my knowledge and belief. I also promise that I shall not use unfair means in any manner in the Examination Hall.

Signature of Assistant Registrar \_\_\_\_\_ Student Signature

Date: \_\_\_\_\_



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**ADMIT CARD: July - December Exam 2015**

*(To be filled by the student)*

Paste Self  
Attested Recent  
Photograph

Name of Candidate: \_\_\_\_\_ Enroll. No: \_\_\_\_\_ Session: **2015-16**

Roll No: \_\_\_\_\_ Exam: Regular  Supplementary

Course: \_\_\_\_\_ Discipline: \_\_\_\_\_

Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Examination No: \_\_\_\_\_

This Unique number will be allotted by the Institute & will be used by the student in semester examination.

Signature of Controlling Authority