NATIONAL MUSEUM INSTITUTE

OF HISTORY OF ART, CONSERVATION AND MUSEOLOGY

(Deemed to be University)

EXAMINATION FORM

SEMESTER EXAMINATION: January to June

(To be filled by the student)

Paste Self Attested Recent Photograph

Name of Course: _____ **Session:** 2015-16

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:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Supplementary Exam Details (If appearing):

1. _____ **Semester :** _____
2. _____ **Semester :** _____
3. _____ **Semester :** _____
4. _____ **Semester :** _____
5. _____ **Semester :** _____
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.

Student Signature

Signature of Assistant Registrar

Date:

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ADMIT CARD: January-June 2016

(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