



NATIONAL MUSEUM INSTITUTE
OF HISTORY OF ART, CONSERVATION AND MUSEOLOGY

(Deemed to be University)

EXAMINATION FORM

SEMESTER EXAMINATION: July - December 2016

(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.

Current Address: _____ Pin code: _____

State: _____ Student E-Mail ID: _____

Student 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 2016

(To be filled by the student)

Paste Self
Attested Recent
Photograph

Name of Candidate: _____ Enroll. No: _____ Session: **2016-17**

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