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| |  | | --- | | **GALGOTIAS UNIVERSITY** | |
| **UTTAR PRADESH** |

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

## APPLICATION FORM FOR DEBARRED/BACK PAPER/NOT ELIGIBLE

**1.** Name of the Student (in Capital Letters): ………………….…………………………………………….

**2.** Father’s Name: …………………………………………………………………………………………………......

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **3.** | Enrolment No. |  |  |  |  |  |  |  |  |  |  |

**4.** Programme:……………………….……………………...Admission No:……………………………………

**5.** Name of the School: ……………………………………...………………………………..……………………...

**6.** Course(s) in which student needs to fill course:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Semester** | **Course Code** | | | | | | | | **Course Name** | **Grade obtained in the last Examination** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |

Debarred Back Paper Not Eligible

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

Signature of Student

Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Id.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: 1. Students have to send this form at [specialexam@galgotiasuniversity.edu.in](mailto:specialexam@galgotiasuniversity.edu.in)

2. Kindly ensure that all details are correct, failing which university has right to

cancel your form without any information.

3. Send this form alongwith the copy of result of the applied course & fee receipt

on specialexam@[galgotiasuniversity.edu.in](http://galgotiasuniversity.edu.in/) to complete the registration