# SIKKIM SKILL UNIVERSITY

Established under section 2(f) of ugc act, 1956

www.sikkimskilluniversity.ac.in

## EXAMINATION FORM
## DECEMBER - 2022 SESSION

**PLEASE FILL IN THE FORM IN ENGLISH CAPITAL LETTERS ONLY.**

Affix your recent Passport size

STUDENT NAME (Mr./Ms.).....

FATHER'S NAME (Mr.).....

ENROLLMENT NO.: .....

PROGRAM: .....

SEMESTER/YEAR: .....

PHONE NO.: .....

E-MAIL: .....

ADDRESS: .....

| S.No. | SUBJECT CODE | SUBJECT NAME |
|---|---|---|
| 1 | | |
| 2 | | |
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| 4 | | |
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| 8 | | |
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| 10 | | |

Bank Draft/University Receipt No._____ Date:_____ Amount _____

(Bank Draft should be drawn in favour of SIKKIM SKILL UNIVERSITY, payable at Sikkim)

I hereby declare that all the information given above are true to the best of my knowledge.

_____ _____ _____

Signature of the Candidate Date Of

It is to certify that the student has submitted all the assignment(s)/ projects (if any)For the subject (s) .

Signature (HOD)

It is to certify that the student has cleared all his .

Signature (Accounts & Finance)