



SIKKIM SKILL UNIVERSITY

Established under section 2(f) of UGC Act, 1956
Namthang, South Sikkim, Sikkim-737137

EXAMINATION FORM

Student Name (in Capital Letters):

Father's Name (in Capital Letters):

Mother's Name (in Capital Letters):

Course Name:Specialization:

Enrollment No.:

Session:Semester/ Year:

Date of Birth: Category: Gender: Nationality:

Address:

Phone No.: E-mail:

Affix your recent
Passport size
Photograph

S.No.	Subject Code	Subject Name	S.No.	Subject Code	Subject Name
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

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

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

DECLARATION

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

Date:

Place:

Signature of the Candidate

CERTIFICATE BY THE RESPECTIVE HOD/DEAN

This is to certify that.....fulfills the eligibility to appear in University examination for the above mentioned course/papers.

Signature of HOD/ Dean

This is to certify that the student has cleared his/ her financial dues for the current semester/ year.

Signature of Head Accounts