



MOTHERHOOD UNIVERSITY, ROORKEE

CARRY OVER EXAMINATION

EXAMINATION-20....-.....

Date: _____

1. Roll No.: _____
2. Student's Name: _____
3. Name of Course: _____ Branch: _____
4. Year / Semester: _____
5. Status of Student: Regular/ Ex-Student (Strike out which is not applicable)
6. Details of Fee:
 - (a) Number of the Subjects applied _____
 - (b) Amount Rs. (@200/- Per Subject): _____

7. Details of the Subjects:

S. No	Subject Id	Subject Name	Date of Exam	Time of Exam
1				
2				
3				
4				
5				
6				

8. Declaration by the Student

I hereby declare that the information given above by me is correct to the best of my knowledge and belief. I will be solely responsible for wrong information, if any.

(Signature of the Student)

Verified by
(Dean/Principal/HODs)

For Official Use Only

Total Carry over Examination: _____ Total Fees (@200/- per subject): _____

Receipt No / Date: _____

(In-Charge Finance)

Examination Department Only

Receive by _____

Received Date _____

(Asst. COE)