



SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING
(Deemed to be University)

**APPLICATION FOR END-SEMESTER
SUPPLEMENTARY EXAMINATIONS REGISTRATION**

JULY _____ / FEBRUARY _____

(Application **must be** forwarded through the Director of Campus)

Candidate's Name <i>(as printed on the Original Grade Card):</i>	
Registration Number:	
Campus:	
Course of study and group (if any):	
Landline / Mobile Number:	
Active Email ID:	
Correspondence Address:	

List of Paper(s) in which the Candidate intends to appear for the Supplementary Examinations.

PAPER CODE	PAPER TITLE	SEMESTER NUMBER

I request that my name may kindly be registered for the above Supplementary Examination.
If I, on medical grounds, find it difficult to take the examination, I will duly inform the Director of the Campus and the Controller of Examinations in advance, so that my candidature for the next examination may not stand forfeited.

Date _____ **Candidate Signature** _____

Remarks by the
Director of Campus

Campus Office Seal & Date

Director of Campus Signature