



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

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

**AUGUST \_\_\_\_\_ / FEBRUARY \_\_\_\_\_**

The application **must be** forwarded through the Director of Campus

1	Candidate's Name: (as printed on the Original Grade Card)	
2	Registered Number	
3	Campus of Study	
4	Academic Programme	
5	Active Landline / Mobile Number	
6	Active Email ID	
7	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

Director of Campus Remarks	
-------------------------------	--

Campus Office Seal & Date

Director of Campus Signature

**OFFICE OF THE CONTROLLER OF EXAMINATIONS, SSSIHL**

**Address:** The Controller of Examinations  
Administrative Office  
Sri Sathya Sai Institute of Higher Learning  
Prasanthi Nilayam – 515134  
Sri Sathya Sai District  
Andhra Pradesh

**Tel:** +91 8555 287 191

**Email:** [controller@sssihl.edu.in](mailto:controller@sssihl.edu.in)

**Web:** [sssihl.edu.in](http://sssihl.edu.in)