



SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING

(Deemed to be University)

APPLICATION FOR END-SEMESTER SUPPLEMENTARY EXAMINATIONS REGISTRATION

JUNE _____ / 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	
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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
	Web: sssihl.edu.in