



NIMS UNIVERSITY
REAPPEAR EXAMINATION FORM

DIRECTORATE OF DISTANCE EDUCATION

PLEASE TYPE YOUR DETAILS (USING CAPITALS) IN THE SPACE PROVIDED BELOW

1. ENROLLMENT NO :	2. LAST ASSIGNED ROLL NUMBER:	PLEASE AFFIX PASSPORT SIZE PHOTOGRAPH
3. STUDENT'S NAME :		
4.FATHER'S NAME:		
5. PROGRAMME NAME:		
6. ACADEMIC YEAR : (Please tick mark <input checked="" type="checkbox"/> on Correct Academic Year) <div style="display: flex; justify-content: space-around; font-size: small;"> 1st Year <input type="checkbox"/> 2nd Year <input type="checkbox"/> 3rd Year <input type="checkbox"/> 4th Year <input type="checkbox"/> </div>		
8. APPEARED SESSION :	9.APPEARED TERM : TERM 1 <input type="checkbox"/> TERM 2 <input type="checkbox"/>	
10. APPEARING FOR SESSION :	11.APPEARING FOR TERM : TERM 1 <input type="checkbox"/> TERM 2 <input type="checkbox"/>	STUDENT'S SIGNATURE

12.NAME OF REAPPEARING / BACK LOG SUBJECT(S) OF PREVIOUS EXAMINATION

S. NO	SUBJECT (COURSE) NAME
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

13.FEE DETAILS :

<u>DD NO.</u>	<u>AMOUNT</u>	<u>BANK NAME AND LOCATION</u>	<u>DATE</u>
---------------	---------------	-------------------------------	-------------

14.DECLARATION :
I hereby certify and declare that the information given in the Application is complete and accurate to the best of my knowledge. I understand and agree that misrepresentation or omission of facts will justify the cancellation of my examination. I abide to all the terms & conditions of the University.

DATE _____ SIGNATURE OF STUDENT _____

15.FOR NIMS DE OFFICIAL USE ONLY :

APPROVED DISAPPROVED

REASON _____ DATE _____