PIONEER INSTITUTE OF PROFESSIONAL STUDIES, INDORE

(AN AUTONOMOUS INSTITUTE ESTABLISHED IN 1996 & IS AFFILIATED TO DAVV, INDORE)

Form	No.	:

EXAMINATION FORM

FORM COST RS.100/-

		-	AL letters English only. Read a camination Form will be reject	
Year of Exar	mination		Roll No. (To be allotted	by Exam. Section)
lass : MBA (FT) /M	4BA (PT) /BBA /BCA	/B.Com		Semester
Specialization : 1) .			2)	
	<u> </u>			
Enrollment No.				A CE u una la bast
Gender	Attempt No.	Reg./Ex./ATKT	Category Gen/SC/ST/OBC	Affix your latest passport size colour photo
				(within the box)
M/F		R/E/A		Verified by Principal
Student's Name an	ıd Surname			Seal & Sign.
Shri/Smt./Kum		☐		
ather's/ Husband's	Name : Shri			
1other's Name : Sn	nt			
Student's				
Address :				

Telephone No. : Mobile No. :

Details of Previous Exam's (Attested copies of Marksheets to be enclosed)

Name of Exam	Pass/ATKT	Roll No.	Year	Marks obtained/ Total marks	Name of the University/Board passed from

Subjects/Papers to appear in the Examination	Code No	Subjects/Papers to appear in the Examination	Code No
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

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For ATKT students

Marks to be carried forward of subjects already cleared :

Table below should be filled in by those candidates only who are repeaters in one or more subjects

s.	Subject Description	Code	The	eory	Prac	tical	Inte	ernal	Total	Out of
No.			Marks Obtd	Out of	Marks Obtd	Out of	Marks Obtd			
1										
2										
3										
4										
5										
6										
7										
8										
9										

ONLY FOR FINAL SEMESTER STUDENTS

(Please attach photocopies of all previous Semester Examination Marksheets cleared)

	Year / Semester	Roll No.	Marks Obtained	Out of	Marks-Year of Passing
ear —	I Semester				
-	II Semester				
4		Total			
9	III Semester				
	IV Semester				
3		Total			
6	V Semester				
-	VI Semester				
		Total			

DECLARATION

Fee Details : Receipt No. Date Date

I request permission to present myself at the ______ Examination to be held in ______ conducted by the Institute. I declare that the facts & information provided in the examination form above are complete & correct to the best of my knowledge & belief. I am also aware that my admission shall become invalid if I make wrong declaration and undertake to abide by the decision of the Institute in such a situation, even in cases when such wrong declaration is discovered subsequently.

Date :

Full Signature of Student

(For Office Use only)

Signature of Receiving Clerk :

Date :