

VINAYAKA MISSIONS SIKKIM UNIVERSITY **Directorate of Distance Education**

NH 10, Tadong, Gangtok, East Sikkim - 737102

Website: www.vmsuniversity.in, E-mail: dde@vmsu.co.in, coe@vmsu.co.in.

EXAMINATION APPLICATION FORM

(To be filled in by the Applicant)

Affix your recent Passport size Photograph (3.5x3.5 cm) duly signed by the candidate

FOR ACCOUNTS SECTION ONLY)	CONTROLLER OF EXAMINATIONS SECTION ONLY

Allowed / Not Allowed

Received Rs. vide Receipt No. Certified that No Dues given. Date.....

Receiving official

Receiving official

Accounts Section with Seal	Examination Section with Seal
Examin	eation 2.0
	REGULAR / SUPPLIMENTARY
To The Director (DDE)	PLEASE TICK MARK WHERE APPLICABLE
VINAYAKA MISSIONS SIKKIM UNIVERSITY, East Sikkim - 737102	
parents. The req	entioned Examination of the University to be held in ruisite fee of Rs (Rupeesonly payable at "Gangtok " n favour of "DDE-VMSU " for Rsonly payable at "Gangtok "
Online payment made in favour of "DDE-VMSU" for Rs(Tadong/Gangtok): IFSC Code CNRB0008676 (counter-folio/pa	<or> only in A/C No. 8676-1010-085-46 at Canara Bank, SMU Branch ay-in-slip attached with the form).</or>
B. I have paid all the dues (up to this Term End/year) to the unincase of any incorrect statement or omission of any information.	university . My admission to the examination is liable for cancellation ation in the application.
C. Duly filled in Examination Form is to be mailed: coe@vms	
Date	Yours obediently
Date	Full Signature of the Candidate.
1. Name of the Candidate(In Block letters & according to Registration Certificate)	SUBJECTS (with subject code) of EXAMINATION (To be filled in by the Candidate)
2. Sex(male/female)	1.
3. Son/Daughter of	2.
4. Present address	3.
PIN:	4.
5. Permanent address	5.
	6.
PIN:	7.
6. Phone No	8.
6. Email Id:	9.
8. Name of the Programme	11.
9. Semester/Year	12.
10.University Enrollment/ Registration No	
11. Date of Birth:	11. Religion/Caste:
<u>DECLAR</u>	<u>ATION</u>
	observe the VMSU Examinations Rules, Norms & Guidelines as per be liable to punishment as per University Norms for any attempt
Signature of the Examinee in full:	Date: