



**NIMS UNIVERSITY
REAPPEAR EXAMINATION FORM**

DIRECTORATE OF DISTANCE
EDUCATION

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

1. NUGLRC NAME		2. NUGLRC CODE		PLEASE AFFIX PHOTOGRAPH
3. ENROLLMENT NO		4. LAST ASSIGNED ROLL NUMBER		
5. STUDENT'S NAME				
6. FATHER'S NAME				
7. PROGRAMME (SELECT ONE)				
8. APPEARED SESSION		9. APPEARED TERM		
10. APPEARING FOR SESSION		11. APPEARING FOR TERM		

12. NAME OF REAPPEARING/BACK LOG SUBJECT(S) OF PREVIOUS EXAMINATION	
SL 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(dd-mm-yyyy)</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 _____ (dd-mm-yyyy)	SIGNATURE OF STUDENT _____

15. FOR NIMS DE OFFICIAL USE ONLY APPROVED DISAPPROVED REASON _____ DATE _____	16. NUGLRC HEAD SINGATURE, SEAL AND DATE
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