



CHAUDHARY DEVI LAL UNIVERSITY, SIRSA

Application form for change of Examination Centre

(Particulars to be filled in BLOCK LETTERS)

- 1) Name : _____
- 2) Father's Name: _____
- 3) Course/Class : _____
- 4) Semester/Part: _____
- 5) College/Dept. : _____
- 6) Roll No. : _____
- 7) PRN No. : _____
- 8) Session of Exam in which to be appear : _____
- 9) Exam of Centre allotted by the University : _____
(Attach copy of Admit card)
- 10) Centre Name & Code to be changed as per rules prescribed in the Ordinance,
Chapter-II, Calendar Vol. II and ground of change of Exam Centre.

(Attach copy of supporting documents)

- 11) Prescribed fee. Rs. _____

Dated _____

Applicant's Signature

Mob. No. _____

Email. Id _____

Add. _____

Recommendation of Principal/Chairperson of the College/Dept.

Recommended to change of Exam Centre as requested above by Mr./Ms. _____
_____ S/D/o Sh. _____ a student of this
college/Dept. _____ Roll No. _____
for _____ Exam on the ground mentioned above.

Principal/Chairperson

(Signature with seal)

For office use

The application found to be in order and change of Exam Centre may be allowed.

OR

The application is not in order and may be rejected as it does not cover under the
rules specify reason _____.

Dealing hand/Clerk

Asstt.

Superintendent (Results)

A.R.(Results)