

**UNIVERSITY OF CALICUT**

**(Pareeksha Bhavan)**

**NOTIFICATION**

86487/SSE-ASST-1/2022/PB

22.11.2023

**Ref : U.O.No.1178/2020/PB dated 02.12.2020**

It is notified for the information of all concerned that the **Third Semester M.Sc Health & Yoga Therapy One Time Regular Supplementary Examination - September 2023, for the chance exhausted & course completed candidates of 2018 & 2019 admission**, will be conducted by the University as per the following schedule:

1. Online registration facility will be available from **22.11.2023** onwards. Last date for online registration is **15.12.2023**.
2. Registration fee: **Rs.525/-** per semester
3. Examination fee: **Rs.2,900/-** per paper for a maximum of 5 papers and **Rs.1,050/-** for each additional paper subject to a maximum limit of **Rs 15750/-** for the entire course (Number of papers is counted for the entire programme, not semester wise).
4. Date of commencement of examination: Will be announced later.
5. Centre of Examination : **Calicut University Campus**
6. Candidates need not forward the printout of the application to the University.
7. Mode of Payment of Fee: Candidates should make the payment of fees through e-Payment/e-Chalan with SBI/Akshaya Centres/Friends Janasevana Kendra only. No other mode of payment is acceptable.
8. The schedule of examination will not be intimated to the candidates individually. The timetable will be published in the University website (<https://www.uoc.ac.in>) in the link "Time Table". The applicants are requested to visit the University website for further notifications / information in this regard.

Dr.Godwin Samraj D.P.

Controller Of Examinations

To JCE's concerned

Copy to :PA to CE/CE's Office/PRO/Digital Wing/Enquiry/Suvega

## **DECLARATION**

I.....(Name)  
.....(Register Number of First Regular  
appearance)and .....(Register Number of last  
supplementary appearance) do hereby declare that all the facts  
stated in the application for.....(Semester/Year)  
.....(Degree)One Time  
Regular Supplementary Examination, September 20..... are  
true to the best of my knowledge, information and belief and  
that there is no suspected malpractice case pending against  
me and that none of my results remains withheld for want of  
APC or for any other reason.

Place:

Signature:

Date:

Name:

Address: