

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

NOTIFICATION

151555/SSE-ASST-1/2023/PB

30.11.2023

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

It is notified for the information of all concerned that the **First, Second, Third and Fourth Semester / Previous & Final year M.A/M.Sc./MSW (1993-2009 admissions) & M.Com. (1993-2003 admissions) One Time Regular Supplementary Examinations - September 2023**, for the chance exhausted and course completed candidates of affiliated colleges, will be conducted by the University as per the following schedule:

1. Online Exam registration facility will be available from **30.11.2023** onwards. Last date for registration is **31.12.2023**.
2. Students with **alpha-numerical register numbers** are directed to apply through online mode (Link http://www.cupbonline.uoc.ac.in/CuPbOnline/online_portal/registration.php) and Students with **numerical register numbers** through offline mode. The registration form & declaration form are attached with the notification. The applications are to be submitted along with copies of marklists of all semesters/year.
3. Last date for submission of downloaded copy of application along with the receipt of fee remitted, in the Pareeksha Bhavan is **05.01.2024**. (Address:- "The Controller of Examinations, Special Supplementary Examination Unit, Pareeksha Bhavan, Calicut University, 673 635")
4. **Examination fee: Rs.2,900/- per paper** for a maximum of **5 papers** and **Rs.1,050/-** for each additional paper subject to maximum limit of **Rs.15,750/-** (Number of papers for fee calculation is counted as for the entire programme, not semester/year wise).
5. **Semester / year wise Registration fee is Rs.525/-** (To be paid in addition to the examination fee shown above).
6. Date of commencement of examination: Will be announced later.
7. Centre of Examination : **Calicut University Campus**
8. 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.
9. 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

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



UNIVERSITY OF CALICUT

APPLICATION FOR EXAM (Month & Year)

REGULAR / IMPROVEMENT / SUPPLEMENTARY EXAM (Please ✓)

<p style="text-align: center;">PHOTO</p> <p style="text-align: center;">(Passport Size)</p>	Details of fee remitted			
	Amount	Chalan Number	Date	Place of Remittance
	<p><i>Signature of the candidate</i></p>			
	<p><i>Name and Designation of the Identifying Officer</i></p>			

Name of the course	:	
Main Subject	:	
Exam for which application is submitted (I year / II year/ III year)	:	
Register Number	:	
Centre of Exam	:	
Name of the candidate (in block letters)	:	
Mobile Number	:	
E-mail ID	:	
Address for communication (with PIN)	:	
Religion and Community	:	
Details of papers now applying Specify part /division /main /subsidiary	:	

Paper 1 _____	Paper 9 _____
Paper 2 _____	Paper 10 _____
Paper 3 _____	Paper 11 _____
Paper 4 _____	Paper 12 _____
Paper 5 _____	Paper 13 _____
Paper 6 _____	Paper 14 _____
Paper 7 _____	Paper 15 _____
Paper 8 _____	Paper 16 _____

C U Campus

Date:

Signature of the Candidate



Register Number

UNIVERSITY OF CALICUT
HALL TICKET

REGULAR / IMPROVEMENT / SUPPLEMENTARY (Please ✓)

..... **EXAM** (Month & Year)

Centre of Exam	:	
Name of the Candidate (In Block Letters)	:	
Address for Communication (with PIN)	:	
Details of papers for which appearing now	:	
Specify Part/ Division /Main /Subsidiary	:	

Paper 1 _____	Paper 9 _____
Paper 2 _____	Paper 10 _____
Paper 3 _____	Paper 11 _____
Paper 4 _____	Paper 12 _____
Paper 5 _____	Paper 13 _____
Paper 6 _____	Paper 14 _____
Paper 7 _____	Paper 15 _____
Paper 8 _____	Paper 16 _____

PHOTO
(Passport Size)

Signature of the candidate

***Identifying Officer's
seal and Designation***

CONTROLLER OF EXAMINATIONS

Prepared by :

Section Number :

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:

