

**UNIVERSITY OF CALICUT**

**(Pareeksha Bhavan)**

**NOTIFICATION**

100734/SSE-ASST-3/2019/PB

10.01.2024

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

It is notified for the information of all concerned that the following **LL.B '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:

- **First Year, Second Year and Third Year of 3 Year LL.B (old scheme - 1992 to 1999 Admission).**
- **First Year, Second Year, Third Year, Fourth Year and Final Year of 5 Year LL.B (old scheme - 1990 to 1999 Admission).**

1. **Candidates shall submit the application in conventional form.** Application form is attached herewith.
2. Last date for submission of application with receipt of fee remitted, in the Pareeksha Bhavan is **09.02.2024** (Address:-"The Controller of Examinations, Special Supplementary Examination Unit, Pareeksha Bhavan, Calicut University, 673635")
3. Date of commencement of examination: Will be announced later.
4. Year wise Registration fee : Rs. 525/-.
5. 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.15,750/- for the entire course (Number of papers is counted for the entire programme, not year wise).
6. Centre of Examination: **Seminar Hall, Tagore Nikethan, University of Calicut.**
7. Mode of Payment of Fee: Candidates should make the payment of fee through e-payment/e-chalan with SBI (<https://iwps.uoc.ac.in/epay2/payment/payform>, Purpose code-EXOF001- Examination Fee Offline) Akshaya Centres and Friends Janasevana Kendra. No other mode of payment is acceptable.
8. The declaration form attached with the notification should be submitted along with the application.
9. The schedule of examination will not be intimated to the candidates individually. The time table will be published in the University website (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

The Deputy Registrar, EPR Branch

Copy to: CE's Section / PS to VC / PA to PVC/ PA to CE/ EX IV Section/ PRO with a request to issue press release/ Digital Wing/ Enquiry Section/ All University Information Centres / EG-1 / Tappal Section.





# 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>	<b>Details of fee remitted</b>			
	<b>Amount</b>	<b>Chalan Number</b>	<b>Date</b>	<b>Place of Remittance</b>
	<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: