

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

NOTIFICATION

31673/SSE-ASST-1/2024/PB

26.02.2024

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

It is notified for the information of all concerned that the **Fourth Semester M.A./M.Sc/M.Com CBCSS (SDE) One Time Regular Supplementary Examinations, September 2023 (for 2019 admission candidates of the School of Distance Education)**, will be conducted as per the following schedule :

1. Online exam registration facility will be available from **27.02.2024**. Last date for online registration is **20.03.2024**.
2. **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.
3. **Registration fee: Rs.525/-** (To be paid in addition to the examination fee shown above).
4. The duly in filled declaration form, attached with the notification, should be submitted in the Pareeksha Bhavan (Address: The Controller of Examinations, Special Supplementary Examination Unit, Pareeksha Bhavan, Calicut University, 673635).
5. Date of commencement of examination: Will be notified later
6. Centre of Examination : **Seminar Hall, Tagore Nikethan, Calicut University Campus.**
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 : The Branch Officers concerned

Copy to : PA to CE/CE's Office/PRO/Digital Wing/Enquiry/SUVEGA/Information Centres

## **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: