

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

NOTIFICATION

181256/SSE-ASST-

5/2022/PB

13.03.2024

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

It is notified for the information of all concerned that **I to X Semesters of B.B.A., LL.B (Hons.) (2011 Scheme-2014 Admission only) 'One Time Regular Supplementary Examinations' September 2023**, for the chance exhausted candidates, will be conducted by the University, as per the following schedule :

1. Online Examination registration facility will be available in the **University Website (www.uoc.ac.in) from 16.03.2024 onwards. Last date for Online Registration is 16.04.2024.**
2. The duly filled in declaration form attached with this notification should be submitted in the Pareekshabhavan (Address: -""The Controller of examinations, Special Supplementary Examination Unit, Pareekshabhavan, Calicut University, 673635").
3. Date of commencement of examination: will be announced later.
4. Semester 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 15750/-** for the entire course (Number of papers is counted for the entire programme, not semester wise).
6. Centre of Examination: **Tagore Nikethan, Calicut University Campus.**
7. Mode of Payment of Fee: Candidates should make the payment of fee through e-payment/ e-chalan with SBI, Akshaya Centres and Friends Janasevana Kendra. No other mode of payment is acceptable.
8. 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

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: