

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

NOTIFICATION

175250/SSE-ASST-1/2021/PB

26.07.2024

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.Sc Applied Psychology One Time Regular Supplementary Examinations, September 2024, for 2011 admission candidates of University Teaching department**, will be conducted as per the following schedule :

1. Last date for online registration : **15.08.2024**. (Online exam registration facility will be available from **27.07.2024**.)
2. **Examination fee: Rs.3,045/- per paper** for a maximum of 5 papers and Rs.1,105/- for each additional paper subject to a maximum limit of **Rs.16,540/-** for the entire course.
3. **Registration fee: Rs.555/-** (To be paid in addition to the examination fee shown above).
4. The duly filled in declaration form, attached with the notification, should be submitted at 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:
Date:

Signature:
Name:
Address: