

UNIVERSITY OF CALICUT

(Pareeksha Bhavan)

NOTIFICATION

99094/SSE-ASST-1/2024/PB

12.09.2024

Ref : U.O.No.1339/2024/PB dated 29.05.2024

It is notified for the information of all concerned that the **First, Second, Third & Fourth Semester CCSS PG M.A./ M.Sc/ M.Com /M.S.W /M.C.J /M.T.T.M / M.B.E/ M.T.H.M /M.H.M Special Improvement Examinations - September 2024, for 2008 to 2019 admission candidates of University Teaching Departments who could not acquire minimum SGPA of 5.0 even after passing all the individual papers,** will be conducted by the University as per the following schedule:

1. The application should be submitted in **manual form** which is attached with the notification. Last date of receiving application will be **15.10.2024**
2. **Registration fee: Rs.555/-**
3. **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/-** (Number of papers is counted for the entire programme, not semester wise).
4. Date of commencement of examination: Will be announced later.
5. Centre of Examination : **Calicut University Campus**
6. 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.
7. The declaration form attached with the notification shall be duly filled & attached with the application.
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 / informations 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/Students Service Hub



UNIVERSITY OF CALICUT

APPLICATION FOR EXAM (Month & Year)

REGULAR / IMPROVEMENT / SUPPLEMENTARY EXAM (Please ✓)

PHOTO (Passport Size)	Details of fee remitted			
	Amount	Chalan Number	Date	Place of Remittance
	<i>Signature of the candidate</i>			
	<i>Name and Designation of the Identifying Officer</i>			

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



<i>Register Number</i>

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 _____ |

<p>PHOTO (Passport Size)</p>

<p><i>Signature of the candidate</i></p>
<p><i>Identifying Officer's seal and Designation</i></p>

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:
Date:

Signature:
Name:
Address: