

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: