Shri Jagdishprasad Jhabarmal Tibrewala University, Chudela, Jhunjhunu

ABC Id :
(Compulsory)

EXAMINATION FORM ..... **MAIN** ☐ **BACK** ☐

COURSE :				(Affix recent passport size photograph)
NAME :		**SEMESTER:**		
NAME IN HINDI :		**ROLL. NO. :**		
FATHER'S NAME :		**ENROLL. NO.**		
CATEGORY :		**MEDIUM:**		
ADDRESS & MOBILE NO.				Signature of Student

Subject(s) to be offered for Examination

THEORY PAPER		PRACTICAL PAPER	
CODE	**PAPER'S NAME**	**CODE**	**PAPER'S NAME**

(To be filled by the Account Section of University)

Receipt No:……...…….…….

Date:…….…….

Cashier

Signature of Department Head/Dean with Seal

Signature of Assistant Registrar (Exam)