S.S. COMPUTER EDUCATIONAL INSTITUTE

Sahaspur, Shankarpur, Dehradun, Uttarakhand

RE-EXAMINATION FORM

(Separate form to be filled in for each Term)

Affix Recent Passport Size Photograph

To: The Controller of Examinations **Date:** .....

1. ACADEMIC & COURSE REGISTRATION

Programme & Year: _____ **Specialization:** _____

Academic Year (Regular Student): _____

2. SELECT COURSE(S) FOR RE-EXAMINATION

- ☐ A.D.C.A.
- ☐ D.C.A.
- ☐ Tally Prime
- ☐ Spoken English
- ☐ Marg ERP
- ☐ C Language / C++
- ☐ HTML / Web Design
- ☐ CorelDraw
- ☐ Photoshop
- ☐ Hardware & Networking
- ☐ Other: _____

Prescribed Fee Rate: ₹ 400/- per subject/course **Total Fee Remitted:** ₹-.....

3. CANDIDATE INFORMATION

Full Name: _____ **Student ID / No:** _____

Roll No: _____ **Division / Class:** _____

Mobile No: _____ **Tel / Alt No:** _____

Email ID: _____

Address: _____

Declaration: I hereby declare that the information provided above is true and correct. I understand and agree that the result declared for this re-examination will be final and binding upon me.

Date & Stamp (Office Use)

Signature of Student