



NATIONAL MUSEUM INSTITUTE
OF HISTORY OF ART, CONSERVATION AND MUSEOLOGY
 (Deemed to be University)

EXAMINATION FORM

SEMESTER EXAMINATION: Jan. - June 2017

(To be filled by the student)

Name of Course: Session:

Semester: Discipline:

Current Year: First: Second: Third: Exam: Regular Supplementary

Name of Candidate (As per High School Records):

Father's Name (As per High School Records):

Mother's Name (As per High School Records):

Date of Birth:

Gender: Male: Female: Year of Admission:

Roll No: Enrollment No.

Current Address: _____ Pin code: _____

State: _____ Student E-Mail ID: _____

Student Mobile No: _____ Alternate Mobile No: _____

Regular Exam Details:	Supplementary Exam Details (If appearing):
1. _____	1. _____ Semester : _____
2. _____	2. _____ Semester : _____
3. _____	3. _____ Semester : _____
4. _____	4. _____ Semester : _____
5. _____	5. _____ Semester : _____
6. _____	6. _____ Semester : _____

(Please attach zerox copy of the Regular and/or supplementary exam fees receipts)

Declaration by Candidate:
 I hereby declare that the information given above has been filled by me and are correct to the best of my knowledge and belief. I also promise that I shall not use unfair means in any manner in the Examination Hall.

Signature of Student

Date :

Signature of
Asst. Registrar