

OFFICE OF THE CONTROLLER OF EXAMINATIONS. DHARANIDHAR UNIVERSITY, KEONJHAR-758001
APPLICATION FORM VERIFICATION SLIP

COLLEGE NAME : _____ COLLEGE CODE _____

EXAMINATION _____ 202 _____

No. of Candidates enrolled in		Arts	Science	Commerce
Regular	PASS			
	HONS.			
Ist Back	PASS			
	HONS.			
IInd Back	PASS			
	HONS.			
Special	PASS			
	HONS.			
Total				

SUBJECTS OF EXAM. WITH NO. OF CANDIDATES

Subjects Arts	No. of Candi dates	Subjects Arts	No. of Candi dates	Subjects SCIENCE	No. of Candi dates	Subjects COMMERCE	No. of Candi dates

Fees Deposited: Rs. _____ (Rupees _____) only

Date: _____

Signature of the Verifying Officer

Back and Special Candidates to attached previous years Mark sheet.
College to submit letter of affiliation copy.