ANSAL UNIVERSITY, SECTOR-55, GURGAON
Examination Registration Form (Reappear)

Program: ___________________________  Semester: Second

Name: ________________________________  Father’s Name: __________________

Enrollment No.: ______________________  E-mail: _______________________

Mobile No.: __________________________  Address: ______________________

Rs. ____________________ Paid as fee Vide Receipt No. ____________________ Dated ________________
(Copy Attached)

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Signature of the Student: ___________________________  Signature of the Dean: ___________________________
Date: ___________________________  Date: ___________________________

ANSAL UNIVERSITY, SECTOR-55, GURGAON
Examination Admit Card (Reappear)

Name: ________________________________  Enrollment No.: ______________________

Program: ___________________________  Semester: ___________________________

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Important Instructions:

1. The particulars filled in by the candidate are taken to be **authentic** & the University will **not be responsible for any error** in the Transcripts/Degree.
2. No student will be allowed to appear in the exam **without valid Admit Card**.
3. In case original **Admit Card is lost**, the duplicate can be had from the office of COE on paying Rs. 300/- as Duplicate Admit Card Fee in the Accounts Department.

Signature of Student: ___________________________
Date: ________________

Signature of COE: ___________________________
Date: ________________
ANSAL UNIVERSITY, SECTOR-55, GURGAON
Examination Registration Form (Reappear)

Program: ________________________  Semester: Fourth

Name: ________________________  Father’s Name: ________________________
Enrollment No.: ________________________  E-mail: ________________________
Mobile No.: ________________________  Address: ________________________

Rs. ___________________ Paid as fee Vide Receipt No. ________________________ Dated ________________________
(Copy Attached)

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Signature of the Student  Signature of the Dean
Date: ________________________  Date: ________________________

ANSAL UNIVERSITY, SECTOR-55, GURGAON
Examination Admit Card (Reappear)

Name: ________________________  Enrollment No.: ________________________
Program: ________________________  Semester: ________________________

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Signature of Student

Signature of COE
Date: ________________
ANSAL UNIVERSITY, SECTOR-55, GURGAON

Examination Registration Form (Reappear)

Program: _________________________  Semester: Sixth

Name: ____________________________  Father’s Name: ____________________________
Enrollment No.: ____________________  E-mail: _________________________________
Mobile No.: ________________________  Address: ________________________________

Rs. ___________________ Paid as fee Vide Receipt No. ______________________________
(Dated ______________________)

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Signature of Student  
Date: ______________________

Signature of the Dean  
Date: ______________________

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ANSAL UNIVERSITY, SECTOR-55, GURGAON

Examination Admit Card (Reappear)

Name: ____________________________  Enrollment No.: ____________________________
Program: __________________________  Semester: __________________________

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Signature of Student  
Date: ______________________

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Signature of COE  
Date: ……………