



COMPREHENSIVE EXAMINATION REGISTRATION FORM

Semester _____ 20 ____

I wish to register for the Comprehensive Examination

Name: _____ Registration No: _____

Program: _____ Degree: _____

Finance

Comprehensive Examination fee (Rs. 1000-) paid

No other dues

Financial Controller

Date: _____

I understand the degree will not be awarded to me if I fail to pass the Comprehensive Examination.

Signature of Student

Date

Note: *Students can attempt the Comprehensive Exam for which a fee will be charged for every attempt made.*

FOR OFFICE USE ONLY

Last registration (if any): _____ Result: _____

Remarks: _____

Examinations Department