NOTICE – EXAMINATION

Examination for Equivalence Cases
Kind Attn: All the Transferred Students

In order to provide equivalence grades to the transferred students, Examination shall be conducted along with Carryover Examination (Odd Semester) on the similar pattern i.e. Open Book Examination of 2 hours after filling offline form in the Examination Cell.

As per the recommendation of the Equivalence Committee, all the transferred students are required to print the attached form and submit the duly filled format in the Examination Cell. Students are required to fill the subjects of Odd Semester only.

In case, if a student is unable to submit the form physically in the Examination Cell, duly filled scanned form needs to be submitted through email with proper details in the subject line at **exam.cell@srmu.ac.in** or **coe@srmu.ac.in**.

15/12/2020

Dr. Akankssha Nigam
Controller of Examination

Distribution:

1. List 'B' to 'D' All
2. Website

SHRI RAMSWAROOP MEMORIAL UNIVERSITY

EQUIVALENCE EXAMINATION FORM
(THEORY/PRACTICAL)
(Session: - 20   -20   )

Equivalence Case

Paste recent passport size photograph

Important: **Student should fill the entries very carefully.**

☞**USE BLACK/BLUE PEN TO FILL THE FORM IN BLOCK LETTERS.**

1. Course/Branch [   ]   2. Year [   ]

3. Name of Candidate (As per High School Records)

[ ]

4. Father's Name (As per High School Records)

[ ]

5. Gender: M [ ]   F [ ]   6. Mobile No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

7. University Roll No. : [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

8. Theory Subject Code(s) in which student has to appear in this Examination:

9. Erp ID- [   ]   10. Regular [ ]   11. Re-admission [ ]

SEMESTER [   ]   Odd [ ]   Even [ ]

S. No.	Subject Code(s) with Credit(s)	Fees per subject	S. No.	Subject Code(s) with Credit(s)	Fees per subject
1.			8.		
2.			9.		
3.			10.		
4.			11.		
5.			12.		
6.			GRAND TOTAL =		
7.					

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 am aware that my result shall be declared as per the provisions of the Ordinance of SRMU, Uttar Pradesh as applicable.

Verified
(By Exam Cell) [   ]   **Signature of Student** [   ]

Email ID of Student: ....

Signature of Dean/Director [   ]

Certificate by COE.: It is to certify that the information furnished above is correct as per the records available in the University.

Date: **Seal & Signature of the COE**