

## RRM GROUP OF INSTITUTE

(An ISO 9001 : 2015 Certified Institute)

Run by: RRM Educational Society

## **KURUKSHETRA - 136118 (INDIA)**

## **EXAMINATION FORM**

Regd. No		Roll No		
Course Name:		Co	Code:	
A. Particu	lars of Candida	nte (In Block letters):		
			Self-attested	
1. Full Name of Candidate (Sh./Smt/Km)			Passport size	
		e (Smt)	Photograph	
	, ,	5. Year/Semester		
6. Complete Address.				
•				
7. Permane	ent Address		•••••	
	•••••			
8. Phone /N	1ob. No. :	9. E-mail ID:	•••••	
7. Name of	Training Centre	with City:	•••••	
8. Preferred	City of Examina	tion:	•••••	
(Note- In ca	se if preferred cit	v is not mentioned, the city of Training Centre will be considered as the c	ity of examination)	
R. Subject	s of Examinatio	an·		
Sr. No.	Paper Code	Paper / Subject		
C. Exam F	ee Details (to b	e filled by Training Centre/Individual):		
Evam Ess I	)a D	ND Deteils a DD No	Donk	
Exam ree r	(S L	DD Details : DD NoDate Amount	Dank	
		UNDERTAKING BY STUDENT		
I hereby un	dertake that:			
		to appear in the annual/semester examination. submitted the course fee to the Institute.		
		I the subjects of my course in which I will appear in the examination	on.	
		Training Centre Code & Registration Number in the form.		
		necessary practical classes at my Admission Centre.  photograph on the form.		
		ned the city in which I wish to give my examination.		
All the info	ormation filled	by me in this examination form is true to the best of my knowl	edge.	
		(Full S	Signature of Student)	

Sign . of Admission Centre /Training Centre (with Office Seal & Date)