



Office of the Controller of Examinations & Admission  
**UNIVERSITY OF SCIENCE & TECHNOLOGY, MEGHALAYA**  
(Techno City, 9<sup>th</sup> Mile, Kling Road, Baridua, Ri-Bhoi, Meghalaya (India)-793101)

**EXAMINATION FORM**

1. **Examination Type** (Put a tick mark over): Regular/Back/ Improvement
2. **Programme** (Put a tick mark over): Undergraduate / Postgraduate
3. **Subject:** .....
4. **Session:** ..... 5. **Semester:** .....
6. **Name in full** (in block letters): .....
7. **Contact Detail** (Ph. No./E-mail ID): .....
8. **Enrollment number:** ..... 9. **Roll No.:** .....
10. **Last Examination Passed** (Self attested copy of Mark sheet to be enclosed): .....
11. **Details of the Papers in which he/she will appear in the examination:**

Sl No.	Paper Code	Title of the Paper	Regular/ Back/ Improvement	Remark

**NB:** In remark column please indicate the type of the paper you are appearing for:  
**IA**=Internal assessment; **T**=Theory; **P**=Practical; **FW**=Field work; **D**=Dissertation/Project (or both)

12. **Payment of Examination Fee:** Consult the notice for payment of examination fee structure.

**For Office Use**

Fees Paid Rs: \_\_\_\_\_(Rupees.....only)

Vide receipt No. \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Accounts Officer**



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**Clearance Form for Semester Examination**

(Only for regular examination form fill up)

Name of the student: ..... Roll No: .....

Course: ..... Semester: .....

**Laboratory (if any):**

This is to certify that there is no loss or damage caused to the laboratory equipments, furniture and fixtures.

Signature of Lab In-charge

**Hostel:**

This is to certify that there is no loss or damage/the following loss or damage caused to the hostel/hostel furniture and fixtures.

Hostel supervisor/Warden

**Accounts:**

This is to certify that the college dues are paid up to date (incl. Admission, Caution, Semester, Bus, Hostel, Exam, Fine etc.)

In-charge, Accounts

**Department:**

This is to certify that the student has.....% attendance in aggregate in this semester and has appeared in ..... no. of Sessional Examination and secured .....% in total.

Signature of HOD

Full Signature of the candidate

Signature of HOD/IC

Deptt. of \_\_\_\_\_

Allowed/Not Allowed in the Examination:

Reason for not allowing in the Examination:

Controller of Examinations  
USTM