



KAZI NAZRUL UNIVERSITY

Examination Form

Course / Semester: Ph.D. Course Work Exam

Department Name :
Course - Branch Name :
Enrolment No. :
Student's Name :
Father's Name :
Date of Birth :
Address :

Signature of Student

Please allow me in the following paper

Sr. No.	Course	Paper Name	Paper-Code	Paper-Type – Theory / Practical
1				
2				
3				
4				
5				

DECLARATION

I, **Son/Daughter** hereby declare that all the above information are true and correct to the here of my knowledge, if any information is found false or incorrect the University shall be free to cancel my Examination form. I will aside my all the examination rules and regulation of the University.

Place:

Signature of Student

Date:

Mobile No.

Clearance

It is hereby declared that student **Son/Daughter of** does not have any dues.

Sign of Dean
with seal

Controller of Examinations
with seal