

3 rd Year 1 st Semester			3 rd Year 2 nd Semester		
Course Code	Grade	Exam year	Course Code	Grade	Exam year

I declare that the information furnished herein are true and correct to the best of my knowledge.

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Signature of the Student

.....
Date

***** Recommendation of Head of the Departments: Results verified, He/ She is eligible for opting out.***

Signature

Date

Accounting:

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Financial Management:

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Human Resource Management:.....

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Marketing:

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Commerce:

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**To:
DR/ Examination**

Recommendation of the Faculty Board: -

Approval of the Senate: -

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Assistant Register

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Date

Faculty of Management Studies and Commerce

****** If recommended then place to the Faculty Board.
If not recommended then return the application form to the student.