



# SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING

(Deemed to be University)

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## APPLICATION FOR END-SEMESTER SUPPLEMENTARY EXAMINATIONS REGISTRATION AUGUST \_\_\_\_\_ / FEBRUARY \_\_\_\_\_

(Application to be forwarded through Director of Institute Campus)

1.	Name of Candidate (Name as found in the Original Grade Card)	:	
2.	Address for Correspondence	:	
	Landline / Mobile Number	:	
	Email ID	:	
3.	Regd. No.	:	
4.	Course of Study and Group if any	:	
5.	Name of the Campus of Study	:	

Details of Paper(s) in which the candidate intends appearing for the Supplementary Examinations.

SNo.	Code No. of the Paper	Title of the Paper	Semester Number

I request that my name may kindly be registered for the above Supplementary Examination. If I, on medical Grounds, find it difficult to take the examination, I will duly inform the Director of the Campus and the Controller of Examinations in advance, so that my candidature for the next examination may not stand forfeited.

Date:

Signature of the Candidate

Remarks of the Director of the Campus

Campus Office Seal & Date

Signature of the Director of the Campus