



**SRI SATHYA SAI INSTITUTE OF HIGHER LEARNING**  
(Deemed to be University)

**APPLICATION FOR END-SEMESTER  
SUPPLEMENTARY EXAMINATIONS REGISTRATION**

**JULY \_\_\_\_\_ / FEBRUARY \_\_\_\_\_**

(Application **must be** forwarded through the Director of Campus)

Candidate's Name *(as printed on the Original Grade Card)*:

Registration Number:

Campus:

Course of study and group (if any):

Landline / Mobile Number:

Active Email ID:

Correspondence Address:

List of Paper(s) in which the Candidate intends to appear for the Supplementary Examinations.

| PAPER CODE | PAPER TITLE | 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** **Candidate Signature**

Remarks by the  
Director of Campus

**Campus Office Seal & Date**

**Director of Campus Signature**