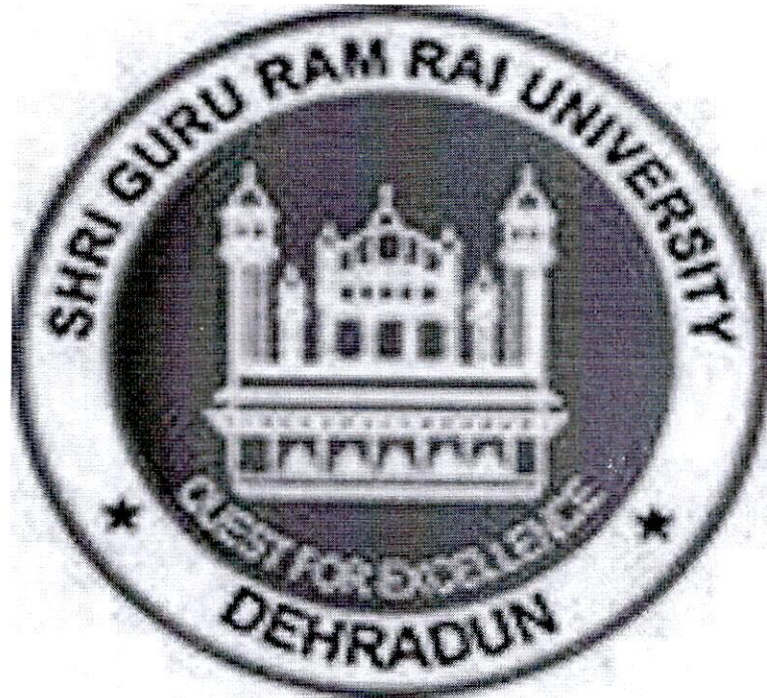


# **SHRI GURU RAM RAI UNIVERSITY**

(Estd. By of Uttarakhand, vide Shri Guru Ram Rai Act No. 03 of 2017)

Patel Nagar Dehradun-248001, Uttarakhand.



## **Examination Formats-Student Forms**

**(As per provision of the SGRR University Act,  
Chapter no.-05 under Section 30)**



**SHRI GURU RAM RAI UNIVERSITY**  
**DEHRADUN (UTTARAKHAND)**

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# SHRI GURU RAM RAI UNIVERSITY

DEHRADUN (UTTARAKHAND)

## EXAMINATION FORM- REGULAR/SUPPLEMENTARY

(Every column to be carefully filled in by the STUDENT)

Form No: SGRRU/EXAM/COND-001(a)

Paste recent passport size photograph, duly attested by the Principal/HOD/Coordinator

Examination: (Strike off which is not applicable)		May-June/Dec-Jan 20..... REGULAR / SUPPLEMENTARY				
Name of the College of Study :						
Enrollment No.						
Name of the Student						
Name of the Student (in Hindi)						
Father's Name						
Mother's Name						
Category				Date of Birth :		
Gender :	M	F	Programme:	Year :	Semester :	
Correspondence Address : .....						
Pin Code.....Mobile No. ....						
Total Credits (for Supplementary Examination only)						
Subjects for which the student is appearing	S.no.	Name of Subject	Sub. Code	S.no.	Name of Subject	Sub. Code
	1			6		
	2			7		
	3			8		
	4			9		
	5			10		
Details of Fee Submitted		Amount(Rupees)		Receipt No		Date

### DECLARATION

I have carefully read all the relevant rules/instructions of the University for this Examination and I undertake to abide by the same in all respects. I solemnly declare that the particulars filled in the form by me are correct and nothing has been concealed. In case of any discrepancy found therein, I shall be responsible for the consequences.

Date : .....

Place : .....

(Signature of Student)

Checked by :- ..... Remarks (If any): .....

I hereby certify that the entries made above have been verified by me and have found them to agree to those in record of the University.

Dated : .....

Place : .....

(Signature of Dean /Director/Principal/HOD with date and office





**SHRI GURU RAM RAI UNIVERSITY**  
**DEHRADUN (UTTARAKHAND)**  
**(ADMIT CARD)**

Form No: SGRRU/EXAM/COND-001(b)

Paste recent passport size photograph, duly attested by the Principal/HOD/Coordinator

May-June/Dec-Jan 20..... REGULAR / SUPPLEMENTARY

Enrollment No :..... Semester: .....  
 Year: ..... Programme: ..... Branch: .....  
 Name of Exam: .....  
 Name of the Student: ..... Father's Name: .....

**Subject Details:**

S.No	Subject Name	Subject Code	S.No	Subject Name	Subject Code
1			6		
2			7		
3			8		
4			9		
5			10		

Student's Signature:- ..... Dean/Principal/HOD Signature:.....Controller of Examination: .....

Directions : The Student must bring the admit card along with the ID card of the University  
 The Student must sign in the attendance sheet for each subject in the examination hall otherwise Student will be treated as absent in the respective subject.



**SHRI GURU RAM RAI UNIVERSITY**  
**DEHRADUN (UTTARAKHAND)**  
**(Duplicate ADMIT CARD)**

Paste recent passport size photograph, duly attested by the Principal/HOD/Coordinator

May-June/Dec-Jan 20..... REGULAR / SUPPLEMENTARY

Enrollment No :..... Semester: .....  
 Year: ..... Programme: ..... Branch: .....  
 Name of Exam: .....  
 Name of the Student: ..... Father's Name: .....

**Subject Details:**

S.No	Subject Name	Subject Code	S.No	Subject Name	Subject Code
1			6		
2			7		
3			8		
4			9		
5			10		

Student's Signature:- ..... Dean/Principal/HOD Signature:..... Controller of Examination: .....

Directions: The Student must bring the admit card along with the ID card of the University  
 The Student must sign in the attendance sheet for each subject in the examination hall otherwise Student will be treated as absent in the respective subject.

**SHRI GURU RAM RAI UNIVERSITY***(Estd. By Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act no. 3 of 2017)***APPLICATION FORM FOR APPOINTMENT OF WRITER****(To be submitted to the Controller of Examinations, SGRR University, Dehradun)**

Kindly grant me permission to get the help of the writer in the coming examinations.

My particulars as well as of the writer are as under: -

1. Name of the candidate .....
2. Father's Name: Sh. ....
3. Examination/ Class .....
4. Dates of Examination on which the writer is required .....
5. Year/Session .....
6. Roll No. ....
7. Centre of Examination .....
8. Name of the College .....
9. Whether appearing as a regular candidate or as a private candidate.....
10. Address of the candidate  
Permanent .....
- Correspondence .....
11. Reason for need of writer .....
12. Name and full address of the writer .....
13. Father's Name of the writer : Sh .....
14. Specimen of handwriting of the writer .....
- In Hindi .....
- In English .....
- In Figure (1 to 10) .....
15. Whether the writer is studying, if so, give details:-  
Name of School/ College/ University ..... Class..... Roll.No.....
16. Educational qualification of the writer:-  
Last examination passed ..... Board/University .....
- Roll No. .... Month..... Year.....
- Division ..... Percentage of marks obtained .....
17. Signature of the writer .....
18. Name and Address of authority issuing Medical Certificate:.....

Affix one  
attested  
copy of  
Photograph  
of the  
writer here

**Signature/Thumb Impression of the Candidate**

19. Certified that Sh. .... is a regular student of this Dept./College.

**Signature with Office Seal  
Principal/HOD**

Note : Instructions given on the next page must be followed



## CERTIFICATE FROM THE PRINCIPAL/HOD OF THE COLLEGE CONCERNED

Certified that: -

1. Sh. .... Writer has passed his last examination/class in the month of .....20....
2. I have checked the certificate of the last examination passed by the writer.
3. He/She is eligible to become writer as per University rules as stated below.
4. The writer has signed the application form in my presence.
5. The application form is complete in all respects

**Signature with Office Seal  
Principal/HOD**

### RULES/INSTRUCTIONS FOR APPOINTMENT OF WRITER

1. Permission for writer would be granted to a candidate only if he/she is physically unable to write the answers and has been medically so certified by the Medical Officer at the time of examination.
2. The writer so permitted shall be less qualified than the candidate. Further, the writer shall neither be a relative of the candidate nor an employee at the centre of examination. The Principal/HoD shall ascertain this fact.
3. For obtaining permission for writer, the candidate or his parents shall apply to the Controller of Examinations, University through Class Coordinator in writing along with medical certificate and supporting documents.
4. Change of writer: Changing the permitted writer is not allowed generally. However, if a change is necessary in exceptional circumstances, the officer in- charge, examination, may permit the change, after ascertaining that the new writer also satisfies the conditions applicable for a writer as mentioned in (2) above and inform the Control Room.
5. In case of the candidate, other than the blind, the amanuensis shall be of two grades lower in education than candidate, but he/she must not have secured more than 55% marks in the last examination. The requirement of having obtained not more than 55% marks in the last examination may be relaxed, if the qualification of the writer is more than two grade lower than that of the examinee.
6. In case of blind candidates, amanuensis shall be of one grade lower in education than the candidate but he/she must have not secured more than 50% marks in the examination.
7. Application form must be attested by the Principal of the concerned college.
8. The request for the approval of the writer must be on the prescribed form in duplicate.
9. The application form complete in all respects, must reach the Controller of Examinations, SGRR University, Dehradun at least 15 days before the commencement of examinations.
10. The application received late or after the examinations shall not be entertained and the candidate himself/herself will be responsible for the consequences. Use of writer in the examinations without prior approval of the University can be considered as use of Unfair Means Case.

### DOCUMENT TO BE ATTACHED WITH THE APPLICATION FORM

1. Medical Certificate from the Civil Surgeon/Specialized Professor of the Medical College, clearly mentioning the nature of physical disability that he/she is unable to write and needs help of writer.
2. Attested copy of the Detailed Marks Card of the last examination passed by the writer.



# SHRI GURU RAM RAI UNIVERSITY

(Estd. By Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act no. 3 of 2017)  
 PATEL NAGAR, DEHRADUN-248001, UTTRAKHAND, INDIA

## APPLICATION FORM FOR RE-TOTALING OF MARKS

Name:..... Enroll No./Roll No: .....  
 Department/College:..... Semester/Prof./Year:.....  
 Program/Course:..... Contact No.:.....  
 E-mail Id:.....

### Subjects for which Re-totaling is required

Sr.No	Subject/s	Paper	Marks in ESE/Prof/Year	
			Maximum	Obtained
1				
2				
3				
4				
5				
6				

### Details of fees paid for Re-totaling:

Total Amount: - ..... Date:-.....

Cash/DD No:-..... Bank Name: - .....

Date:  
Student

Signature of the

Forwarded



**Instructions:**

1. Re-totaling fee of Examination Paper is as applicable.
2. Send the filled in application form along with the receipt of fees paid to 'Controller of Examination, SGRR University' at the time of submission of application form.
3. Re-totaling forms forwarded by the Principal/HOD will only be entertained.
4. Applicants must note that re-totaling is only a privilege which does not provide any legal right.
5. Re-totaling result will be made available on the respective college/Institute Notice board.

6.