

NATIONAL UNIVERSITY OF MODERN LANGUAGES

SUPPLEMENTARY EXAM FORM - FUNCTIONAL COURSES

SUPPLEMENTARY EXAMINATIONS: MAR/SEP - 202

DEPARTMENT: _____ SESSION: _____ (MOR/AFTERNOON)

Name: _____

S/D/o: _____

Registration No. _____ Roll No: _____

Course: _____ Language: _____

Names of Papers to appear: (MAXIMUM 2 X PAPERS ALLOWED)

WRITTEN PAPERS		ORALS	
1.		T - 1	
2.		T - 2	
		T - 3	

Fee Paid vide challan No: _____ dated: _____ (copy attached)

Contact Number: _____

Signature of Student
Dated: _____

Coordinator: _____

HoD: _____

NOTE: Please attach fee paid challan form (in original) with Form.

Fee for supplementary exams is Rs. 2100/=