



VINAYAKA MISSIONS UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
SALEM, TAMILNADU
APPLICATION FOR EXAMINATION

To

The Assistant Controller of Examination
Directorate of Distance Education
Vinayaka Missions University
Salem, Tamilnadu.

Sub: Application for examination

Sir,

I am submitting my application for examination as per details given below:-

1. Month & Year of examination _____
2. Name of the Program _____
3. Name of the examination _____
4. Revaluation is requested in the following papers _____

S.No	Name of the Paper	Paper Code	Year	Roll No.	Marks Obtained
1.					
2.					
3.					
4.					
5.					

Signature of the Study Centre Coordinato
Study Centre Code with Seal

Signature of the Student
Name: _____