



**MBA / BACHELORS  
COMPREHENSIVE EXMINATION  
REGISTRATION FORM**

Semester \_\_\_\_\_ 20 \_\_\_\_\_

I wish to register for the Comprehensive Examination

Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Program: \_\_\_\_\_ Degree: \_\_\_\_\_

Previous number of attempts: \_\_\_\_\_ Date last appeared: \_\_\_\_\_

I understand that the degree will not be awarded to me if I fail to pass the Comprehensive Examination.

\_\_\_\_\_  
Student's Signature & Date

-----  
**FOR OFFICE USE ONLY**

Rs. \_\_\_\_\_ paid on \_\_\_\_\_

\_\_\_\_\_  
Financial Officer

Pre-Exam				Post-Exam		
Examination & Academic Office				Examination & Academic Office		
Particulars	1 <sup>st</sup> Attempt	2 <sup>nd</sup> Attempt	3 <sup>rd</sup> Attempt	Particulars	ASO	Head of Examination, Academic & Admission
Registration				Date of Exam:		
Date:				Semester :		
Semester:				Result :		
Result:				Remarks:		
Status:						
Signature ASO					_____ ASO	_____ Head of EA & A

*\*All signatures must follow by the date.*