

**ATKT Form**
**Kalinga University Raipur**

Kotni, Near Mantralay, Naya Raipur – 492001, Chhattisgarh

 Mob – 9303097043, E-mail id: [kalingauniversity1@gmail.com](mailto:kalingauniversity1@gmail.com) Website: [www.kalingauniversity.ac.in](http://www.kalingauniversity.ac.in)

The form should be complete in all respects and to be filled by student in English CAPITAL letters in blue/black ink.

Last Exam Roll No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Enrollment No:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Course: .....

Semester: .....

Examination Session:

 July - December 

 January - June 

Name of the Candidate: .....

Father's Name: .....

Mother's Name: .....

Address: .....

Pin Code: ..... Mobile No: ..... E-mail Id: .....

**SUBJECT / PAPER CODE OPTED FOR ATKT**

Sr No	Course Code	Subject Name	Subject Code	1st Attempt		2nd Attempt		3rd Attempt	
				Roll No.	Obtn. Marks	Roll No.	Obtn. Marks	Roll No.	Obtn. Marks
1									
2									
3									
4									
5									
6									

**Undertaking:** I am aware that the pattern of the exam has been changed w.e.f. July to December 2018 session and this is the last opportunity that is being given to me under old question paper pattern. In future all question papers will be set under new pattern only.

By Cash/ Cheque /Draft No. ....

Date ..... Drawn on .....

..... Signature of Candidate

Signature of Verifying Officer

(With date)

Note: 1. Application forms along with copy of receipt of ATKT fee to be submitted to the Exam Department.

For official use at University

Date of receipt of Application in Exam Department: .....