



AMRITA SCHOOL OF ARTS AND SCIENCES, KOCHI – 24

HALL TICKET

Affix a recent
Passport size
photograph
taken not earlier
than 1 year.

_____ YEAR _____ Degree Examination _____ 20__

(To be carefully filled in by the candidate)

(Seal)

For Office use Only

Register Number:

1. Name of Candidate as entered in the qualifying certificate	In English (in block letters)	
	In Mother - tongue	
2. Age and Date of Birth		

Include the Courses Registered for End Semester/Supplementary Examination, May/June - Nov/Dec 20 __

SL. No.	Course Code	Course Title	Sem	Initial of Invigilator (Regular)	Initial of Invigilator (Suppl e)	SL. No.	Course Code	Course Title	Sem	Initial of Invigilator (Regular)	Initial of Invigilator (Suppl e)
1						8					
2						9					
3						10					
4						11					
5						12					
6						13					
7						14					

Name and Signature of the Candidate:
(To be signed in the presence of the Co-ordinator)

Name and Signature of the Chief Superintendent: