Shri Jagdishp		rasad Jhabarmal Tibrewala University, Chudela, Jhunjhunu				
ABC Id: (Compulsory)						
EXAMINATION FORM MAY-2024		I	MAIN		BAC	CK
COURSE:				<u> </u>		
NAME:			SEMESTI	ER:		
NAME IN HINDI :			ROLL. NO	O.:		(Affix recent passport size photograph)
FATHER'S NAME :			ENROLL NO.			
CATEGORY:			MEDIUM	:		
ADDRESS & MOBILE NO.						Simulation of Student
Subject(s) to be offered for Examination						
THEORY PAPER					PRACTICAL P	
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(To be filled by the Account Section of University)						
Receipt No:						
Date:		Signature of Department Head/Dean with Seal				
Cashier			Signat	ure of	Assistant Registı	ar (Exam)