## **ADITYA DEGREE & P.G. COLLEGE(A)**



Name of the Candidate

SUC (Student Unique Code)

\* Register Number

## **KAKINADA - 533003**

Supplementary Examination Application Form (U.G / P.G. Courses)

ropriate box		
l Semester Subjects	II Semester Subjects	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
5.	5.	
6.	6.	
7.	7.	

Amount Rs.:

I agree to abide by the rules and regulations of the college pertaining to Supplementary

Date:

Signature of the Candidate

## **Enclosures:**

Station:

Date:

- 1. Semester Marks Memos
- 2. Fee Receipts

Receipt Number:

Examinations