



KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

Form No. Ex.4-D

DISTRICT CODE _____

CENTRE _____

ROLL _____

(To be filled in by the University)

HOUSEFED COMPLEX, LAST GATE, DISPUR, GUWAHATI-6

STATEMENT OF CANDIDATES APPEARING IN . _____ EXAMINATION

SESSION: _____ STUDY CENTRE _____

P.O. _____

Dist: _____

PIN. _____

Telephone _____

SL. No	Name of the Candidate (Capital letters Only) in Alphabetic order	Enrolment No	Sex M/F	Subjects (Paperwise)						Fees				Signature of Candidate (to be taken in the Exam hall)
										Exam Fee	Mark sheet Fee	Centre Fee	Total	

*
Please mention if any candidate is physically handicapped or visually impaired by putting PH or VI against the names

Countersigned by
Centre-in-charge
.....study centre

I certify that the information given above are correct and that the candidates are eligible under the rules and regulations to appear in the Examination.
Paid Rs. _____ (Rupees _____)
Vide receipt No. _____ Date _____

Date: _____ Signature of the Coordinator