

**SEMESTER EXAMINATION (SESSION / YEAR)**

**UNDERTAKING BY CANDIDATE  
(to be obtained in duplicate)**

Name of the Candidate :  
(in Block Letters)

Reg.No :

Branch :

Mode : Full Time / Part Time

Department :

Examination : UG / PG – (Specify Degree)

1. I am appearing for the END SEMESTER at my own risk even though I do not have my Hall Ticket for taking the exam on (DD / MM / YY), FN / AN.
2. I agree that my candidature for the semester examination shall be cancelled if I am found not eligible after the examinations.

Purpose of giving :

1. Hall Ticket.
2. ID Card.

Station :

Date :

Signature of the Candidate

Forwarded

(Chief Superintendent of Examinations)  
With seal

\*Copy of the same is available in <http://acoe.annauniv.edu/download.php>