

**OFFICE OF THE CONTROLLER OF EXAMINATIONS  
ALIGARH MUSLIM UNIVERSITY, ALIGARH**

D.No. 216/COE/Secdt/20

Date: 15.09.2020


**NOTICE**

All regular/ex- students of Final Year/Terminal Semester of 2019-20 who have missed their Even Semester-2019-20 examinations of any registered paper (including backlog papers, if any) may apply for appearing in the same as per the following details:

1. Download the Examination Form from the website [www.amucontrollerexams.com](http://www.amucontrollerexams.com)
2. The PDF copy of the form, duly filled in and signed, is to be sent on email: [examssection@gmail.com](mailto:examssection@gmail.com) latest on/before 5:00 PM by 22.09.2020. Forms received after last date will not be considered.
3. Students who have earlier appeared in the concerned papers in the recently concluded Final Year/Terminal Semester Examinations of 2019-20 are not eligible to apply.
4. This is one-time opportunity in wake of Covid-19 Pandemic for the Final Year/Semester students of Even Semester for session 2019-20.

**Note:** The Examination Schedule will be notified on the website [www.amucontrollerexams.com](http://www.amucontrollerexams.com) in due course of time.

**Controller of Examinations**



**Copy to:**

1. All Deans of Faculties/DSW
2. Proctor
3. All Chairmen, Department of Studies
4. All Principals of Colleges/Polytechnics, Coordinators/Director of Centres
5. Provosts, Halls of Residence
6. Nodal Officer, AMU Centres for information to the Centres
7. MIC, Public Relations
8. Assistant Registrar, Vice Chancellor's Secretariat for information
9. PS to Registrar/Finance Officer/COE for information
10. All Sections of COE Office.

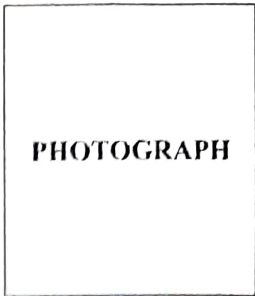


**ALIGARH MUSLIM UNIVERSITY, ALIGARH**

**Session: 2019-20**

**Examination Form for End Semester**

*(For leftover registered students of final year only)*



(1) Name of the Candidate  
*(As in HS/SS Certificate)*

(2) Enrolment No.

(3) Faculty No.

(4) Hall

(5) Course

(6) Semester/Year

(7) Regular/ EX

(9) Address \_\_\_\_\_

District \_\_\_\_\_

State \_\_\_\_\_

Pin Code

Tel./Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

S. No.	Paper Code	Title
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

\_\_\_\_\_  
Signature of the candidate