

COURSE IMPROVEMENT FORM

Examinat	tion: Fall Spring Summer	2 0 Reg. No	
Name:	F	ather's Name:	
Program:Batch:		Current Semester:	
Sr. No.	Subjects / Papers	Semester	Previous Grade
1.			
2.			
3.			
4.			
5.			
6.			
Signature:		Date of Submission	
Receipt No		Amount Paid	
Payment Date:		Cell No.	
Verified By Account Officer		Recommended By Co	ontroller of Examinations
	Approved	By Rector	

Important Instructions:

- i. Prescribed improvement fee is Rs. 12,000/- per paper / course.
- ii. Incomplete form shall not be entertained.
- iii. In case of Non-Approval from Competent Authority, the fee paid shall be refundable.