DIRECTORATE OF SCCT

HALL TICKET

(All columns, except Register Number, to be filled in by the candidate)

……..……..……EXAMINATION
(Year/Semester) (Name of Examination)

MAY - JUNE / NOVEMBER - DECEMBER 201

Register Number

Centre and place of Examination ***(Capital letters)***	
Name of the Candidate ***(Capital letters)***	
Permanent Address: Pin Code:	Communication Address: Pin Code:

Parts, Papers, Subjects including improvement/re-appearance for which candidate is registered.

PART	PAPER	Improvement/ Re-appearance	SUBJECTS	Regular Failed	PHOTO (HALL TICKET SEAL)

Special subject / Elective / Optional, if any.. Total number of papers for which registered
…… ……(……..In words)

Name and Official address of the Identifying Officer
(Dated signature on the Photograph)

Signature of the Candidate

(To be signed in the presence of the Identifying Officer)

(Office Seal)
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Assistant *CONTROLLER OF EXAMINATION*