



Office of the Controller of Examinations
Kazi Nazrul University
Asansol – 713340

Ref. No: KNU/CE/GD/2019/187

Dated: 02/08/2019

NOTICE

All eligible 2nd and 4th semester (Backlog) students of M.A /M.Sc./M.Com/LL.M./DIPLOMA of Kazi Nazrul University are hereby informed to fill up the examination form between **05.08.19 and 09.08.19**. The examination form will be available from the concerned department.

Examinee has to pay the following fees:

- i. Examination fee Rs. 375/-
- ii. Centre fee Rs. 50/-
- iii. Practical examination (if any) fee Rs 100/- per candidate (to be kept in the concerned department)

Concerned Head of the Department/Coordinator/Principal/Teacher in Charge of the PG Department /Colleges are requested to submit the filled in form with signature and official seal after thorough verification positively on **12th Aug 2019** to the office of the undersigned along with student list (in duplicate) as per the format.

| Sl. | Program (M.A / M.Sc. / M.Com /LL.M. /DIPLOMA) | Subject | Name of the candidate | Registration No | Session |
|-----|-----------------------------------------------------------|---------|-----------------------|--------------------|---------|
| | | | | | |

Sd/-
Controller of Examinations
Kazi Nazrul University



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Asansol – 713340

Ref. No: KNU/CE/GD/2019/188

Dated: 02/08/2019

NOTICE

All eligible 2nd and 4th semester (Backlog) students of MSW are hereby informed to fill up the examination form between **05.08.19** and **09.08.19**. The examination form will be available from the concerned department.

Examinee has to pay the following fees:

- i. Examination fee Rs 1275/-
- ii. Centre fee Rs 100/-
- iii. Practical examination (if any) fee Rs 100/- per candidate (to be kept in the concerned department)

A single account payee cheque in favour of 'KAZI NAZRUL UNIVERSITY' / Cash to be submitted for all the students.

Concerned Principal/Teacher in Charge is requested to submit the filled in form with signature and official seal after thorough verification positively on **12th Aug 2019** to the office of the undersigned along with student list (in duplicate) as per the format.

| Sl. | Name of the candidate | Registration No | Session |
|-----|-----------------------|-----------------|---------|
| | | | |

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