

CHAKAN SHIKSHAN MANDAL'S,

# Arts & Commerce College Chakan

Tal. Khed, Dist. Pune. 410 501

## SUPPLEMENTARY TERM END EXAMINATION 2017

सत्रांत पूरवणी परीक्षा २०१७

A) Name : \_\_\_\_\_  
(In Block Letters) Surname Name Middle Name

B) Previous Exam. Details : Class : \_\_\_\_\_ Seat No : \_\_\_\_\_

Month : \_\_\_\_\_ Year : 20 \_\_\_\_

C) Subject Offered (Write the full form of the Subject)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

I hereby declare that, I will abide by rules and regulations of the said Examination.

### Exam. Fees

Fees paid Date. / / 20 Receipt No. Amount Rs.

Office Signature

Signature of the Student

Application Date: / / 2017

Signature of C. E. O.

Signature of Subject Teachers

Principal