

# INTEGRAL UNIVERSITY,LUCKNOW ( IUL)

EXAMINATION CONTROL OFFICE-DIRECTORATE OF DISTANCE EDUCATION( ECO-DDE)

## Application for Change of Examination Centre

( Before filling this form , student must read and understand the instructions and norms for change of examination centre.)

Exam Session	FEBRUARY-2014		
Name of student			
Father's/Guardians name			
Enrolment No.		Form no.	
Name of programme		Semester	
Course codes: Regular	1. 2. 3. 4. 5. 6.		
Reappear/qualifying	1. 2. 3. 4. 5. 6.		
Reason for Change of Examination Centre	Transfer/posting of Candidate/guardian		
	Marriage ( Female only)		
	Any other ( Specify)		
CENTER TO BE CHANGED	CURRENT CENTRE ( Current center will be in the city of student at the time of admission		
	Requested city ( from the list of exam-center cities)		
	Requested city ( if city name is not available in the list of exam-center cities.)		

Declaration: I \_\_\_\_\_ solemnly declare that all information given above is correct to the best of my knowledge. There is no ulterior motive for changing the examination center. The decision of University regarding acceptance or non-acceptance of this application will be final and binding on me.

Date : \_\_\_\_\_

Signature of student \_\_\_\_\_

Name: \_\_\_\_\_

New –Address: \_\_\_\_\_

Mobile No. \_\_\_\_\_

**Verification by Coordinator:** I have Verified the information provided y the student. The reason(s) mentioned for the examination center change are considered by me and my recommendation are as follows:

Date:

Name and EC code of Coordinator

Signature of the Coordinator:

**For ACO-DDE use only**

Exam centre change allowed : yes/no

If Yes, new exam center code: \_\_\_\_\_

Exam center name & Location \_\_\_\_\_

**DDE-Examination controller**