

CHANAKYA NATIONAL LAW UNIVERSITY

Nyaya Nagar, Mithapur, Patna
CENTRE FOR POST GRADUATE LEGAL STUDIES

Letter No.-CNLU/Univ.Exam.Notice/261/2023-2008

Date: - 11-12-2023

Examination Notice

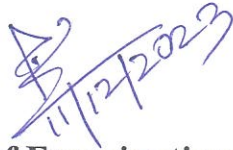
Repeat End Semester Examination, January 2024

The Repeat End Semester Examination, January 2024 of LL.M. 1st Semester is scheduled to be held from 11-01-2024 (Thursday). Those students who have failed and have been absent are directed to pay Repeat End Semester Examination Fee ₹ 700/- per paper. They can deposit application form and fee from 02-01-2024 to 08-01-2024 without fine and with fine of ₹ 50/- (per day) per paper from 09-01-2024 to 10-01-2024, failing which they shall not be permitted to appear in the Examination.

Students who have failed in a project and have not submitted their Project are also directed to deposit Repeat Examination Fee for Project Submission of ₹ 700/- per paper. They can deposit application form and fee from 02-01-2024 to 08-01-2024 without fine and with fine of ₹ 50/- (per day) per paper from 09-01-2024 to 10-01-2024 failing which they shall not be permitted to submit Project.

No application for the above purpose shall be accepted after the notified date.

Those students who are paying online fee will have to submit evidence of the Payment along with the application form.



Asst. Controller of Examinations



Registrar

- Enclosure – 1. Application Form for Examinations
2. Hall Ticket for Repeat End Semester Exam with No Dues

Copy to: Hon'ble Vice Chancellor, Registrar, Finance Officer for information and record.

Chanakya National Law University

Nyaya Nagar, Mithapur, Patna

APPLICATION FORM FOR EXAMINATION

B.A., LL.B. (Hons.) B.B.A., LL.B. (Hons.) LL.M.

NAME OF THE CANDIDATE

ROLL NO. SEMESTER

SESSION

REPEAT EXAMINATION: PROJECT RE-SUBMISSION:

RE- REGISTRATION (MID SEMESTER & END SEMESTER EXAM FEE):

NAME OF THE PAPER/S (To be filled in by the Candidate)

1..... SEMESTER

2..... SEMESTER

3..... SEMESTER

4..... SEMESTER

5..... SEMESTER

6..... SEMESTER

TOTAL NUMBER OF PAPERS (in word)

RE-REGISTRATION FEE (in figure) Rs. (in word) Rs.

EXAMINATION FEE (in figure) Rs. (in word) Rs.

LATE FINE (in figure) Rs. (in word) Rs.

TOTAL FEE (in figure) Rs. (in word) Rs.....

DATE

SIGNATURE OF CANDIDATE

Fee Paid Rs..... MR. No..... Date

DATE

SIGNATURE OF RECEIVER



CHANAKYA NATIONAL LAW UNIVERSITY, PATNA
HALL TICKET FOR END-SEMESTER EXAMINATION, _____ 20_____

Regular Backlog/ Detained Repeat

Candidate's Copy

(Fill all the details in CAPITAL letters)

B.A., LL.B. (Hons.) B.B.A., LL.B. (Hons.) LL.M. PG Diploma

1. Name of the Student: _____

2. Roll No: _____ 3. Registration No: _____

4. Session: _____ 5. Academic Year: _____ 6. Semester _____

Affix recent
Passport size colour
photograph

Name of the Papers (To be filled by the Candidate)

S. No.	Name of the Papers	Semester	Category (✓)		
			Regular	Backlog	Repeat
1					
2					
3					
4					
5					
6					
7					
8					

Signature of the Candidate

Seal

Date: ____/____/20____

Controller of Examinations

-----x-----x-----x-----x-----x-----x-----x-----x-----x-----



CHANAKYA NATIONAL LAW UNIVERSITY, PATNA
HALL TICKET FOR END-SEMESTER EXAMINATION, _____ 20_____

Regular Backlog/ Detained Repeat

Office Copy

(Fill all the details in CAPITAL letters)

B.A., LL.B. (Hons.) B.B.A., LL.B. (Hons.) LL.M. PG Diploma

1. Name of the Student: _____

2. Roll No: _____ 3. Registration No: _____

4. Session: _____ 5. Academic Year: _____ 6. Semester _____

Affix recent
Passport size colour
Photograph

Name of the Papers (To be filled by the Candidate)

S. No.	Name of the Papers	Semester	Category (✓)		
			Regular	Backlog	Repeat
1					
2					
3					
4					
5					
6					
7					
8					

Date: ____/____/20____

Signature of the Candidate

Note: Submit the duly filled Hall Ticket form along with the No Dues form to the Examination Section.

Controller of Examinations

CHANAKYA NATIONAL LAW UNIVERSITY, PATNA
NYAYA NAGAR, MITHAPUR, PATNA-800001



Date:-.....

NO DUES STATEMENT

Name Mr. / Ms..... Roll No..... Year.....Semester..... Academic Session.....

Sl. No.	Department	Dues Amount (If any)	Concern Department		
			Name	Designation	Signature
1	Examination				
2	Fee Collection Department				
3	Library				
4	Boy's Hostel				
5	Girl's Hostel				

Signature of Student

Recommended by

Approved

Finance Officer

Registrar