

INTEGRAL UNIVERSITY, LUCKNOW (IUL)

(EXAMINATION CONTROL OFFICE – DIRECTORATE OF DISTANCE EDUCATION)

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			
Name of Student			
Father's/Guardians Name			
Enrollment Number		Form No.	
Name of Program		Semester	
Course Codes: Regular	1. 2. 3. 4. 5. 6.		
Re-appear/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 CITY		
	REQUESTED CITY (From 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 Exam Center: I have verified the information provided by the student. The reason(s) mentioned for the examination center change are considered by me and my recommendation are as follows:			
Date:	Name and Exam Center Code: _____ Signature of Exam Superintendent: _____		
FOR ECO-DDE USE ONLY			
Exam Center change allowed: Yes/No _____		If yes, New Exam Center Code: _____	
Exam Center Name & Location: _____			
DDE – EXAMINATION CONTROLLER			