

7. ACADEMIC RECORD

(a) INSTITUTION ATTENDED WITH DATES

Name of Institution	Period		Qualification Obtained
	From	To	

(b) EXAMINATIONS PASSED OR ENTERED FOR

(Photocopies of certificates or statement of results must be attached)

Exam. Name	Exam. Date	Exam. No.	Subjects	Grade	*

NOTES

* MARK 'X' IF CREDENTIALS ARE ENCLOSED. MARK 'A.R' if you are awaiting the result of the examination

8. DECLARATION:

I,..... hereby declare that all the information given in this form is, to the best of my knowledge and belief, correct. Any false or incomplete information given in this form will automatically disqualify me from being considered for admission to, or continuing with any course of study in the university.

I shall accept as final the decision of the Board with regard to my course(s) of study and placement in a university.

.....
(Date)

.....
(Signature)