



SRI KRISHNADEVARAYA UNIVERSITY
ANANTAPURAMU – 515 003, A.P., India
Directorate of Examinations
U.G. Section

HALL – TICKET

(Provisional Permission Case)

Photo

1. NAME OF THE STUDENT :
2. REGD. NO. :
3. COLLEGE :
4. COURSE :
5. GROUP :
6. EXAMINATION CENTER :

Examination Date & Time	Subject Code	Subject

Signature of the Principal

Signature of the Student

Director

Details of Payment

Challan No. : _____ Date : _____ Rs. _____

Bank : _____ Place : _____