

KENT

Centre for Distance Learning Exam Centre Form

Exam Centre Change Fee Rs. 1000/- per semester

Enrollment No. _____ Examination Session: _____ UNIVERSITY: _____

1. Programme /Course: _____ Specialization: _____ DOB: _____

2. NAME OF THE CANDIDATE _____

3. FATHER'S NAME _____

4. Contact No. _____

Paste here
Passport Size
Photograph

5. Preferred Location of Exam Centre : _____ or _____

6. Mercy Chance (if result show UNFIT) Yes/No: _____

7. Total Fees: Rs. _____ Receipt No. _____ Date: _____

Signature of the Candidate with date

Received BY INCHARGE OF THE STUDY CENTRE WITH DATE

- NOTE: (1) After filling this form Kindly send it through courier to “**KENT Institute of Higher Education III-A/73, Nehru Nagar, Ghaziabad-201001**”
- (2) Form must be received at KENT 30 days before commencement of examinations.