

# KRISHNA UNIVERSITY

Prof. D.Suryachandra Rao  
Controller of Examinations i/c



Andhra Jateeya kalasala  
Rajupet  
Machilipatnam-521001  
Phone No: 08672-225963  
Fax: 08672-225960  
Email: [kuexams2010@yahoo.com](mailto:kuexams2010@yahoo.com)

No.KU/Exams/MBA&MCA/I Semester/2011

Dated: 28-11-2011

## **NOTIFICATION**

Applications are invited from the eligible candidates for First Semester Examinations of *MBA & MCA (2011-2012 & Previous Regulations)* Students of Krishna University Campus College and affiliated colleges for the academic year 2011-2012.

The following is the schedule of dates for payment of examination fee and receipt of filled in applications for **First Semester MBA & MCA Examinations**:

| Sno | Description   | Last Date  |
|-----|---|------------|
| 1   | Last date for payment of fee without late fee along with applications to the Principal concerned  | 14-12-2011 |
| 2   | Last date for payment of the fee with a late fee of Rs. 100/- along with applications to the Principal concerned  | 17-12-2011 |
| 3   | Last date for submission of Gallies in Triplicate by the Principals to the Controller of Examinations, Krishna University along with <b>soft copy in Excel format (DVD/CD), ICR sheets, Supporting documents (SSC, Inter and Degree Certificates duly attested by the Principals concerned), Affiliation order and approved students list</b> | 19-12-2011 |
| 4   | Date of commencement of Practical Examinations  | 28-01-2012 |
| 5   | Date of commencement of Theory Examinations   | 19-01-2012 |

*The affiliated colleges shall pay their students examination fee for each course by way of a single consolidated payment through Online Challana to Examination Fee Account State Bank of India, **A/C No.30629043551**, Main Branch, Machilipatnam-521002 only.*

The hall-tickets shall be issued to the candidates only after verifying their eligibility in all respects, and ensure that they are not under disqualification for suspected malpractice or any of those sorts.

Please send the galley in the prescribed format given below

| Sno | Name of the Candidate (as per SSC Certificate) | Parent Name (as per SSC Certificate) | SEX | Regd No. | Appearing subjects | Elective (if any) | Reser- vation Category | Fees particu- lars Amount & Date | percentage of Atten- dance | Remarks |
|-----|--|--------------------------------------|-----|----------|--------------------|-------------------|------------------------|----------------------------------|----------------------------|---------|
|     |  |                                      |     |          |                    |                   |                        |                                  |                            |         |

Note: Registration means obtaining Hall-ticket for the said Examination.

**(BY ORDER)**

(D.SURYACHANDRARAO)

**CONTROLLER OF EXAMINATIONS i/c**

Controller of Examinations

Krishna University-521 001.



To  
The Academic Coordinator, Krishna University Campus College  
All the Principals of concerned colleges affiliated to Krishna University

} with a request to send the Question paper Requirement to the Controller of Examinations, Krishna University

Copy to:

- 1) The Registrar's Table
- 2) The Vice- chancellor's Table
- 3) File