# VIVA VOCE EXAMINATION REGISTRATION

Date:.....  *ST|11|AR|11*

Postgraduate Institute of Archaeology (PGIAR)

1. Student Number #. . . . . 2. Name with Initials: . . . . . .. . . . . .

3. NIC/Passport # . . . . . 4. E-mail: . . . . . 5. Contact phone: . . . . . .. . .

6. Academic year: . . . . . .7. Semester: . . . . . .8. Course Fees paid: Rs. . . . . .

9. Have you taken this exam before? ◯YES | ◯NO  8. If YES, when? . . . . . .. . . . . .

10. **Student's signature**: . . . . . .

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**For Office Use**

A. PAYMENT HISTORY CHECK: Course Fees / Field Work Fees / Library Fees / Lab Fees / Field Tour Fees / Examination Fees / . . . . . .

AR Office Assistant  PIF stamp  Accounts Branch stamp

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**B. ADMISSION FORM:**

**Dear student**, Your Viva Voce Examinations will be held at PGIAR on

**1.**(DATE) ..... at(TIME) ..... AM/PM;

*Invigilator's OR Supervisor's signature*

**AR/Academic signature: . . . . . .. . . . . Date: . . . . .. . . . . .**