

**UNIVERSITY OF HORTICULTURAL SCIENCES, BAGALKOT**  
**Form-AMS (CEEC /AMS related issues)**

To.,

Controller of Examinations,  
 CEEC, Univ. of Horticultural Sciences (UHS),  
 Udyanagri, Navanagar, Bagalkot -587 104

Outward despatch No.

Date:

Particulars of Student/ Faculty	Name : Id. No. / Emp. No: Degree programme : Class / Year :
Particulars of Issue (Request letter enclosed)	

Faculty /staff	Verifications/Remarks/observations	Date & Signature
<b>(For GP students only)</b> Student's counsellor		Date:  Sign:
<b>(For PG students only)</b> Major Advisor/ Guide		Date:  Sign:
----- Head of the department		Date:  Sign:
Course Teacher (If necessary)		Date:  Sign:
Assistant Registrar* <b>(Compulsory)</b>		Date:  Sign:

\*Compulsory to Verify and add /Remarks/observations. Use additional page if necessary

Recommendations of Dean / Dean (PGS)

Date :

Seal & Signature

Place :

**Note** :Requests related to AMS/ CEEC issues will not be considered without duly filled in this Form-AMS with the request letter received from the student /faculty.

**For office use only**

(COH-Arabhavi/Bagalkot/Bengaluru/Bidar/Kolar/Munirabad/Mysuru/Sirsi/Devihosur)

Submitted for Approval  
(Controller of Examinations)

Approved  
Director of Education