

अलीगढ़ मुस्लिम विश्वविद्यालय

(राष्ट्रीय मूल्योकन और प्रत्यायन परिषद द्वारा मान्यता प्राप्त 'A+' केंद्रीय विश्वविद्यालय)

ALIGARH MUSLIM UNIVERSITY

(Accredited by NAAC in 'A+' Grade Central University)

علیگڑہ مسلم یونیورسٹی

Tel.: 0571-2700920

: 0571-2700921

Internal No.: 4256/4271

Email: exam.coe@amu.ac.in



परीक्षा नियंत्रक कार्यालय
(परीक्षा अनुभाग)

**Office of the Controller
of Examinations
(Examination Section)**

دفتر نگران امتحانات
شعبہ امتحانات

D.No. Exams/ 797/Exams

Date: 01.01.2026

NOTICE

High School Women's Private Examinations (Main Examination-2024-2025 & Supplementary Examination-2023-2024)

The Examination Form for appearing in High School Women's Private Examinations-(Main Examination-2024-2025 & Supplementary Examination-2023-2024) are available on website:

www.amucontrollerexams.com

Aspirants are advised to download the same and submit the duly filled form in Examinations Section, Kothi No. 3, Administrative Block.

Last date for submission of the forms is 15.01.2026.

Forms received after due date will not be accepted. Examination schedule for the same will be notified later on the official website in due course of time. Candidates are advised to visit the official website regularly for updates.


(Assistant Controller
(Examinations)
सहायक नियंत्रक
(परीक्षा अनुभाग)
A.M.U., Aligarh
अ.मु.वि. अलीगढ़

Distribution:

1. MIC, Public Relations Office for circulation in newspapers.
2. Director/Deputy Director, Directorate of School Education
3. Principal/Vice-Principal/Superintendent—AMU Schools
4. AFO (Cash) Section
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7. SO to COE for information
8. SO, Examinations Section
9. All Sections of COE Office
10. Concerned Dealing Assistant, Examination Section

Cash Receipt No.	Dated	Amount (Rs.)



(For Office use only)

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ALIGARH MUSLIM UNIVERSITY, ALIGARH
Examination Form for
High School (For Women Private Candidates)
Session 20.....20.....

Important: Read the instructions on page 2 before filling up the Examination form

Enrolment No.

(Write Enrolment No., if you already enrolled else leave blank)

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Tick the appropriate Choice

1. Annual

PASTE
(do not staple)
recent
PHOTOGRAPH
2.5 X 3 cms.
Photograph to be
attested by the
Principal of the
concerned School

2. Supplementary

(1) **Name of the Candidate**

(Do not add title like Mr./Ms.)

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--	--	--	--	--	--	--	--	--	--	--	--	--	--

(2) **Father's Name** _____

(3) **Mother's Name** _____

(4) ***Date of Birth (in Christian Era)**

(a) In figures)		Day	Month	Year

*Attach copy of birth certificate from municipality/T.C.

(4b) (In words) _____

(6) **Mention below the Title of the Subjects in which the candidate wishes to appear at the examination**

TITLE OF SUBJECTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

(5) **Gender (Male/Female)**

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(7) **Permanent Home Address**

District _____ State _____

Pin: _____

Contact No. _____

(Parent's/Guardian's)

8. DECLARATION

I, hereby solemnly affirm that I have filled this Examination Form myself. If it is discovered at any stage that I have made a false or incorrect statement or concealed the facts or fraudulent means have been used by me for appearing at the examination, I shall be liable to disciplinary action and my examination result may be cancelled.

I shall abide by all the rules and regulations of this University as amended and enforced from time to time.

Right Thumb Impression Only	
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Address for
Correspondence
(in Block Letters)

(Signature of the candidate in full)
Date: _____

District _____ State _____

Pin: _____

Contact No. _____

INFORMATION FOR OFFICE USE

(A) Details of Last Examinations*

Name of the Examination	Year of Passing	Roll No.	Name of University/ Board	Result	% of Marks	Subjects Offered

* Candidate is required to enclosed the attested photocopies of marksheets/certificates

(B) Religion (In case of Muslims, state
Sunni or Shia)/Caste for Non-Muslims (a) Religion _____ (b) SC/ST/OBC _____
(c) Sunni or Shia _____

(C) Was the candidate ever debarred, disqualified, : Examination _____ Year _____
detained, suspended, rusticated ? If so, give Roll No. _____ Period _____
details (attach photocopies of the Office orders) Punishment awarded. _____

(D) Whether the candidate has failed at the : Exam. _____ Year _____ Roll No. _____
High School (Women Private) Exam. of this
University in previous year, if so, give details
(attach photocopy of the marksheets)

(E) Is the candidate appearing or has appeared at : Exam. _____ Year _____ Roll No. _____
any other examination of this University
or elsewhere? If so, give details : Examining Body _____

(F) Is the candidate appearing for Improvement :
Examination (Yes/No)

NOTE:

1. The required Examination Fee is to be remitted through M.O. in favour of Finance Officer, AMU or deposited in State Bank of India, AMU Branch, Aligarh through Challan form.
2. The Examination Form complete in all respect is to be submitted personally or may be sent by post to the Controller's Office, Examination Division, Kothi No. 3, Near Bab-e-Syed, AMU, Aligarh.

CERTIFICATE

To be signed by the Inspector/Inspectress of Schools or the Principal of a recognised Intermediate or Degree College or the Headmaster/Headmistress of a recognised High School or a First Class Magistrate only
(Before signing this Form the certifying authority is requested to see that the candidate has filled in all the entries clearly and has attached required enclosures).

1. I know nothing against the character of the above named candidate which ought to debar her from this Examination.
2. She has not studies in any recognised school at all or, she has not studies in any recognised school in the session at the end of which she intends to appear at the Examination.
3. I believe the subjoined statement to be true.
4. She has signed the application in my presence.

Date: _____

Signature with seal

ALIGARH MUSLIM UNIVERSITY, ALIGARH



(For Office Use Only)

WP-3

Examination Roll No.

Tick the appropriate Choice

1. Annual
2. Supplementary

HALL TICKET

High School (For Women Private Candidates)

Enrolment No.

(Write Enrolment No., if you
already enrolled else leave blank)

<input type="text"/>					
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PASTE
(do not staple)
recent
PHOTOGRAPH
2.5 X 3 cms.
Photograph to be
attested by the
Principal of the
concerned School

Session 20.....20.....

Name of the Candidate

(Do not add title like Mr./Ms.)

<input type="text"/>												
<input type="text"/>												

Please tick (Ö) the courses in which the candidate wishes to be examined. Tick any one from each Group (I – III). Candidate appearing in Compartmental/Improvement examination should tick only those courses for which she eligible to appear.

<p>Compulsory</p> <p><input type="checkbox"/> English (Course B) <input type="checkbox"/> Social Sciences (<i>Hist., Geog., Civics & Eco.</i>) <input type="checkbox"/> Home Science & Tailoring <input type="checkbox"/> General Science and Health Education</p>	<p>Group – II</p> <p><input type="checkbox"/> Theology (Sunni) <input type="checkbox"/> Theology (Shia) <input type="checkbox"/> History of Modern Civilization</p>
<p>Group – I</p> <p><input type="checkbox"/> Urdu (A) with Hindi (B) <input type="checkbox"/> Hindi (A) with Urdu (B) <input type="checkbox"/> Elementary Urdu } <i>Only for students coming from non</i> <input type="checkbox"/> Elementary Hindi } <i>Urdu and non-Hindi speaking States</i></p>	<p>Group – III</p> <p><input type="checkbox"/> Arabic <input type="checkbox"/> Persian <input type="checkbox"/> Sanskrit <input type="checkbox"/> Commerce <input type="checkbox"/> Art (Technical/Design) <input type="checkbox"/> Economics</p>

Permitted to appear in (_____) subjects

Right Thumb Impression Only	
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(Signature of the Candidate)

Date _____

**Dealing Assistant
(Examination)**
Date _____

**S.O. /Assistant Controller
(Examinations)**
Date _____