



OFFICE OF THE CONTROLLER OF EXAMINATIONS
SATAVAHANA UNIVERSITY,
KARIMNAGAR- 505 001, (T.S.)

No. 2473/BHM_FEE // Sem(CBCS)/SU/2019

Date: 27.12.2019

NOTIFICATION FOR BHMCT I SEMESTER (CBCS)

It is hereby notified for information to all the candidates pursuing **First Semester (CBCS-Regular & Supply)** of BHMCT. Course of this University, who are desirous to appear for the **First Semester** Examinations to be held in the Month of **January, 2020**. The last dates for payment of Examination fee and submission of application forms at their respective colleges are as per the details shown below:

	For Students	For Colleges (Prepare and submit E.A.F. in online)	Pay the examination fee through online
Last date without late fee	04.01.2020	06.01.2020	07.01.2020
Last date with a late fee of Rs.300/-	08.01.2020	09.01.2020	10.01.2020

FEE PARTICULARS

	(I-Semester Regular & Supply) (CBCS) Fee Amount
Hotel Management (For One or more Papers)	Rs.1375/-

Candidates have to submit a Xerox copy of previous examination marks memo he/she appeared along with the application form.

Further, it may please be noted that **APPLICATION FORMS WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES AFTER 10.01.2020. FOR LATE SUBMISSION OF APPLICATION FORMS A PENALTY OF Rs.5000/-PER DAY WILL BE CHARGED FOR COLLEGES.**

DETAILED TIME TABLE WILL BE SENT IN DUE COURSE

The Principals of the affiliated colleges concerned are requested to:

- Submit NoDuesCertificate from the Dean, College Development Council, SU at the time of submission of Application Forms.
- Collect examination fee as per the schedule from the candidates and pay the examination fee through online mode only.
- Amount may be transferred to the following Account:-
Account Name: Registrar, Examination Account, Satavahana University, Karimnagar.
Account Number: 158310100021505.
IFSC Code: ANDB0001583
Bank Name: Andhra Bank, Vavilalapally Branch, Karimnagar.

**** UNDER ANY CIRCUMSTANCES NO EAF's (EXAMINATION APPLICATION FORMS) WILL BE ENTERTAINED ONCE HALL TICKETS ARE ISSUED. ****

ADDL. CONTROLLER OF EXAMINATION

Copy to: All the Principals concerned colleges
P.A. to Registrar

CONTROLLER OF EXAMINATION