

**CHRIST COLLEGE (AUTONOMOUS), IRINJALAKUDA**  
**Pareeksha Bhavan**

NO. EXAM/GEN-NOT/2/2024-2025


Dated 04 SEPTEMBER 2024

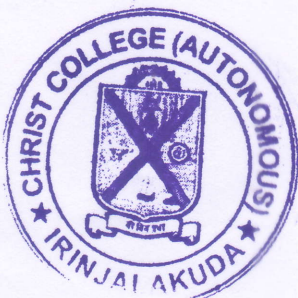
**NOTIFICATION**

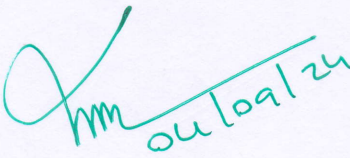
**PG MERCY CHANCE SPECIAL SUPPLEMENTARY EXAMINATION NOVEMBER 2024**

It is notified for the information of all concerned that the **First, Second, Third and Fourth Semester (CBCSS PG & CUCSS PG) M.A./M.Sc./M.Com./MSW** for the chance exhausted candidates registered through Christ College Autonomous, Irinjalakuda (**for 2015 to 2020 admissions**), will be conducted **one time only**, by the College as per the schedule given below. The candidates who wish to utilize this mercy chance special examination, after applying online, should keep a personal copy of the printout to complete the registration process.

1. **Last date for the receipt of online applications: 23.10.2024** (Online registration facility will be available from **04 SEPTEMBER 2024** onwards).
2. Registration fee: ₹ 555/-
3. Fee for special supplementary Exam: ₹ 3045/- per paper for a maximum of 5 papers and ₹ 1,105/- for each additional paper subject to a maximum limit of ₹ 16,540/- (irrespective of the duration of the programme/time gap between the completion of the courses and appearance for the examination. Online payments: ₹ 45 per paper. Offline payments: ₹ 3000 per paper at our office ).
4. Additional Data Processing Fee: ₹ 2000/-
5. Date of commencement of examination: Will be announced later.
6. Centre of Examination: Christ College Autonomous, Irinjalakuda.
7. Mode of Payment of Fee: Candidates should make the payment of fees through e-Payment.
8. The schedule of examination will not be intimated to the candidates individually. The timetable will be published in the College website (<https://christcollegeiik.edu.in>) in the link "**Time Table**" under "**Examinations**". The applicants are requested to visit Christ College Autonomous, Irinjalakuda website for further notifications/information in this regard.
9. The applicants should submit the downloaded **copy of application with payment receipts of both Registration fee and Examination fee** to the Pareeksha Bhavan (The Controller of Examinations, Special Supplementary Examination Unit, Pareeksha Bhavan, Christ College Autonomous, Irinjalakuda North P O, 680 125).
10. For assistance, please contact mobile No. 6235709705 (during office hours i.e., 9.30 am to 4.30 pm except on holidays)

  
**PRINCIPAL**  
**CHRIST COLLEGE (AUTONOMOUS)**  
**IRINJALAKUDA**



  
**Dr. Tom Cherian**  
**Controller of Examinations**



## DECLARATION

.....(Name)

.....(Register Number of First Regular appearance) and

..... ( Register Number of Last Supplementary

appearance) do hereby declare that all the facts stated in the application for .....

( Semester/year) .....(Degree) One Time Regular Supplementary

Examination, November 20..... are true to the best of my knowledge, information and belief, and that

there is no suspected malpractice case pending against me and that none of my results remains withheld

for want of APC or for any other reason.

Place :

Signature :

Date :

Name:

Address :