



SYMBIOSIS SKILLS AND OPEN UNIVERSITY (SSOU)

Undergraduate Examination Form - B. Sc. Beauty & Wellness

	FORM No.								
<i>To be filled by the University</i>									
Examination Center	SSOU, Kiwale, Pune								
<i>To be filled by Candidate</i>									
PRN Number									

To be filled by Candidate

1. School Code	

2. Signature of the candidate in running hand, within the box only

3. Paste recent Photograph (Size 35mm x 45 mm) duly attested by the Dean/Head of the School (Do not staple)

To,
The Controller of Examinations
Symbiosis Skills and Open University, Kiwale, Pune.

Sir,
I request permission to present myself at the ensuing **B. Sc. Beauty & Wellness** ___ Semester/___ Year (Main) examination to be held in the month _____ and year **20**_____. I furnish my details as stated below:

4. Candidate's name in Capital Letters (Strictly as per Class 10th Mark sheet/Certificate. And tick(✓) in appropriate block):

First Name																			
Middle Name																			
Surname																			

5. Date of Birth	Date	Month	Year	6. Gender	Male	Female

7. Mother's Name in Capital Letter: (Leave a gap between first Name, Middle Name and Surname)

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8. Father's / Husband Name in Capital Letters: (Leave a gap between first name, Middle Name and Surname)

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9. Candidate's mailing address in Capital Letters Only:

House no.					Building /	Locality								
Street														
Town														
State														

10. School Name:

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11. Contact No :

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12. WhatsApp No :

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13. Email Address: _____



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14. I will be appearing for the following Papers:-

Semester – II (Regular Subjects)

S.No.	Name of Paper	Paper Code	Continuous Theory	Continuous Practical	End Term Theory	End Term Practical	Industry Assessment
1	Comprehensive Study Of Skin Care	BETY105	✓	✓	✓	✓	✓
2	Basics Of Hair Designing	BETY107	✓	✓	✓	✓	✓
3	Basics of Professional Makeup	BETY108	✓	✓	✓	✓	✓
4	Comprehensive Study Of Hair Removal and Ancillary Services	BETY109	✓	✓	✓	✓	✓
5	Writing Skills	IDSC102	NA	✓	NA	✓	✓
6	Introduction To Diet Management	WLNS102	✓	✓	✓	✓	✓
7	Physiology Of Human Body	WLNS103	✓	✓	✓	✓	✓

Semester – I (Backlog Subjects if any)

S.No.	Name of Paper	Paper Code	Continuous Theory	Continuous Practical	End Term Theory	End Term Practical	Industry Assessment
1	Introduction to the beauty & wellness Industry	BETY101					
2	Comprehensive study of professional hand, foot care with nail enhancement	BETY102					
3	Fundamentals of makeup	BETY103					
4	Fundamentals of hair dressing	BETY104					
5	Customer Service for Beauty & Wellness	BETY106					
6	Life Coping Skills – I	IDSC101					
7	Introduction to Human Nutrition	WLNS101					

Name and Signature Exam Coordinator: _____

15. DECLARATION BY THE CANDIDATE

- 1) I certify that this examination form has been filled by me and the information given therein is correct and I shall be personally responsible for the same if proved false later on.
- 2) I am aware that, I have to fulfil criteria of attendance as prescribed by the University, failing which I shall be held "Not Eligible" and will not be allowed to appear for examination.
- 3) I hereby declare that I have gone through the syllabus as prescribed and adopted by the University and relevant rules off the Head of Passing which are applicable for the examination for which I am appearing and I accept the same without any challenge (wherever applicable).
- 4) I shall be responsible if my application form is rejected for any errors, wrong or incomplete entries made by me in the examination form.
- 5) I am not defying the criteria of the admission order.
- 6) I am not admitted to the course after the cut-off date declared by the University for Grant of terms.
- 7) I further declare that I am neither a regular student of any other University nor appearing in any other examination as a regular student.

Place:

Date:

Signature of Candidate in running hand



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16. Fee Details

Name of Head / Component	Total Number	Fees in Rs.
No. of End Semester backlog Theory		
No. of End Semester backlog Practical		
No. of Industry Assessment backlog		
Total Amount of Fees to be paid		

17. FOR THE USE OF ACCOUNT SECTION

Attachments			Verification		
Fee Receipt No.	YES	NO	Dues	YES	NO
Signature of Verifying Person			Signature of CFAO		

18. FOR THE USE OF SCHOOL OFFICE

Fulfil Attendance Criteria	YES	NO
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Date:

Signature & Seal of the HOS

19. CERTIFICATE BY THE HEAD OF SCHOOL

I certify:

1. That Shri/Smt./Kum. is a bonafide student of this school, admitted to the _____ program in the Academic Session 20____. That his/her attendance is not less than as prescribed by Examination Regulations up to submission of this application.
2. That the information furnished by the said candidate is verified from his/her documents and that the candidate is Eligible to appear for University Examination.

Place:

Date:

Signature & Seal of the HOS