

JOINT ADMISSIONS AND MATRICULATION BOARD

INFORMATION TECHNOLOGY SERVICES DEPARTMENT

CBT CENTRE SIM REVALIDATION

STATE.....

REFERENCE NO.....

CENTRE NAME.....

.....

NETWORK.....

SIM SERIAL NO.....

MONTH SIM WAS ISSUED

CENTRE ADMINISTRATOR NAME.....

ADMINISTRATOR TELEPHONE NO.....

E-MAIL ADDRESS.....

SIGNATURE/DATE.....