



Application form for Make-Up Examination

Make-up for Mid -Term	<input type="checkbox"/>
Make-up for End -Term	<input type="checkbox"/>

Sl. No.

Name of the Student: _____

Enrollment No. / Registration No.: _____

Degree: _____

Current Semester: _____

Department / Section (if 1st Year): _____

Reason for applying Makeup Exam: _____

Contact No. & e-mail of the Applicant: _____

Sl. No.	Name of the Subject with Subject Code	Whether 'I' Grade is entered in MIS by the concern faculty (Mandatory)**	Consent of the concerned faculty for taking Make-Up Exam (Signature)
01			
02			
03			
04			
05			
06			

** Faculty concern has to enter 'I' grade in the respective subject before giving consent of taking makeup exam as per regulation 17.1 - 17.3.

(Signature of the Applicant with Date)

	Comment	Signature with date
Comment from Guardian / Hostel warden		
Comments / verification from Medical Officer NITA (if applied on medical ground)		
Comment from Academic Co-ordinator (UG / PG) (Not applicable for 1 st year Students)		
Comment from Head of the Department / First Year Coordinator		

Dean (Academic)

Associate Dean (Examinations)

Dean (Academic)

Head of the Department / First Year Co-ordinator