



Application for the Makeup Examination

UG

PG

Name of Student (As on Grade Card)		
University Seat Number (USN)		
Semester		
Branch		
Makeup Examination	Month:	Year:
Fee Paid	Rs.	Challan Dated:

Course Particulars

Sl. No.	Course Code	Course Title	CIE Marks	Sign of Course Instructor	Reasons for request (Medical / Failed)
1					
2					
3					
4					
5					
6					
7					
8					

CHECKLIST of Enclosures

Challan of Fees Paid for the Makeup Examination.

Name: _____ Mobile No.: _____

Date: _____ Candidate Signature: _____

Signature of Dean (Academic) with date



Acknowledgement

Received application for the Makeup Examination from Ms./Mr. _____
bearing USN: _____ on _____ at _____ am/pm.