

SDM College of Engineering and Technology, Dharwad (An Autonomous Institution Affiliated to VTU, Belagavi)

11

Office of the Controller of Examinations

		Applicat	tion for the	Makeup E	Examinatio	□UG O n □PG
Name of Student						
(As on Grade Card)						
University Seat Number (USN)						
Semester						
Bran	ich					
Makeup Examination			Month: Year:			
Fee Paid			Rs.	Challan Dated:		
			Course	Particulars		
Sl. No.	Course Code	Сс	ourse Title	CIE Marks	Sign of Course Instructor	Reasons for request (Medical / Failed)
1					11154144401	
2			-			
3						
4						
5						
6						
7						
8						
СНІ	ECKLIST	of Enclosure	S			
\Box C	hallan of F	ees Paid for th	ne Makeup Exar	nination.		
Nan	ne:			Mobile No.:		
Date	j.			Candidate Sig	gnature:	
Ū		an (Academic				
			Ack	nowledgemen	t	
bear	ing USN:_		on	at	am/pm.	

Office of the Controller of Examinations SDMCET, Dharwad

11