

APPLICATION FORM FOR MAKE-UP EXAMINATION

F. No.: ITPKD/ACAD/MISC/2024-25/0019A

Name of Student (Roll No.): _____

Requesting Make-up# for : (mark (✓) appropriate)	<input type="checkbox"/> Test - 1	<input type="checkbox"/> Test - 2	<input type="checkbox"/> Mid Semester	<input type="checkbox"/> End Semester
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S. No.	Courses in which Make-up is sought					*Reason for absenteeism
	Course Code	Course Name	Course Instructor (Name)	Instructor's Signature	Examination held on (date)	

* Relevant supporting document(s) should be attached(for medical reasons, a medical certificate endorsed by the Institute Medical Officer (in original) shall be attached).

#Students are advised to check the corresponding regulations pertaining to the rules for the make-up test / examination.

I hereby confirm that the information given above is true and I'm aware that if found any discrepancies later in this regard may lead to the rejection of my application and appropriate disciplinary action may be taken against me.

Signature of Student

Date: / /

Recommended / Not Recommended	Recommended / Not Recommended	Recommended / Not Recommended
Countersigned by the Faculty Advisor	Associate Dean UG/PG (Academics)	Dean (Academics)