Performa for Request for Make-up Examination

Academic Year 20…-20…(Odd/Even)

1. Name of Student: ................................................................. ID: ..................................................

2. School: ........................................ Program: ......................................... Semester: ........ Contact No: ........

3. Course Description:

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Title of Course</th>
<th>Code</th>
<th>Semester</th>
<th>Name of Course Teacher</th>
<th>Course Teacher Signature</th>
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4. Reason for absence: ..............................................................

(Attach a Medical Certificate from a Reputed/ Recognised Hospital which should be verified by the University Doctor/ or Certificate/Marriage card of own’s Marriage or Death Certificate in case of parental demise).

I have missed my examination of above mentioned course(s). I may be allowed to appear in the Makeup Examination.

Thanking You

Yours faithfully

(Signature of Student)

Date:

Attachment(s): 1. ……………… 2. ……………… 3. ………………

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Recommendation from the School For Examination Section
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I/c School of: ……………………………… Examination Coordinator ………………………………
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Seal Seal
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Approval of the Vice-Chancellor

Vice-Chancellor

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FOR OFFICE (ACCOUNT SECTION) USE ONLY

Received a Sum of Rupees ……………………………… Through Cash/Bank Draft/Money Order and entered in the Cash Book at Sr. No: ……………………………… Date: ………………………………

(Accountant) (Cashier)