



**Academic-UG Section**  
**DELHI TECHNOLOGICAL UNIVERSITY**

Established by Govt. of Delhi Vide Act 6 of 2009  
ShahbadDaulatpur, Bawana Road, Delhi-110042  
Tel : +91-11-27296337, Fax : +91-11-2787 1023

F.No.105(500)/DTU/Acad-UG/2016-17/ 5292-304

Dated:- 23/11/2017

**Notification**

**Sub: Make-up Examination for B. Tech (2K15 and onwards batches) students who could not appear in End-Term Odd Sem Nov-Dec. 2017 Exam.**

Pursuant to the clause 24(2) of the B. Tech. Ordinance 2015 relating to undergraduate programmes leading to Bachelor of Technology, if a student is absent during End-Term Examination of a course due to medical reasons or other special circumstance (Annexure – F), he / she may apply for the award of "I" grade to the HoD of the concerned Department offering the course, through the Course Coordinator. Student should submit following documents alongwith the application:

1. Original medical certificate.
2. Self attested copy of treatment records, prescriptions and medical tests undertaken.
3. Fitness certificate in original.
4. Relevant documents for other special circumstance.

The HoD may forward this request to Dean Academic (UG). Make-up examination shall be normally held along with the Supplementary Examination of End Term Examination to convert "I" grade to proper letter grade.

Therefore, the students who could not appear in End-Term Examination Nov-Dec. 2017 due to medical reasons or other special circumstance may apply in prescribed format {Annexure F of the DTU Ordinance & Regulation 1 (A)} and submit to respective HoDs along with all required enclosures on or before **01/12/2017**.

**Make-up-examination will be allowed only if a student has not been disqualified earlier, due to shortage of attendance.**

  
(Prof. Madhusudan Singh)  
Dean Academic (UG)

F.No.105(500)/DTU/Acad-UG/2016-17/ 5292-304

Dated:- 23/11/2017

**Copy to:**

1. PA to the V.C. for kind information to the Hon'ble Vice Chancellor.
2. PA to PVC-I for information to the Pro Vice Chancellor-I, DTU.

3. PA to PVC-II for information to the Pro Vice Chancellor-II, DTU.
4. Registrar, DTU.
5. All Dean's.
6. All HoDs: with the request to bring of knowledge of B. Tech. (2015 and onwards batches) students and display on Notice Boards and forward the applications of 'I' grade to AD Academic (UG).
7. Controller of Examinations.
8. Superintendent (B. Tech Examinations).
9. Director, Physical Education, DTU.
10. Librarian.
11. Programmer Academic (UG): With the request to upload on DTU Website.
12. Notice Boards.
13. Guard File.

*R. Pandey*  
21/11/17

**(Prof. Rajeshwari Pandey)**  
**Associate Dean Academic (UG)**

Delhi Technological University

FORM OF APPLICATION

for  
Make-up Examination for Mid / End Semester (Odd / Even) Examination 201\_\_\_\_ - 201\_\_\_\_

|                                                                                                                                                       |                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| The form when completed should be submitted to:<br><br><b>The Assistant Registrar,<br/>Academic Section(U.G.),<br/>Delhi Technological University</b> | <b>(For use by the Academic Section {UG})</b><br><br>Permitted by Dean Acad.(UG) /<br>NOT Permitted by Dean Acad.(UG) |
| <b>To be filled in by the applicant</b>                                                                                                               |                                                                                                                       |
| Name:.....<br>Roll No: .....<br>Mobile No.....<br>Email: .....                                                                                        | Address for Communication:<br>.....<br>.....                                                                          |

A. Courses requested for Make-up Examination:

| S.No | Course Code | Name of the Course | Credits | Date & time slot of the Exams scheduled | Reason for missing the Exams |
|------|-------------|--------------------|---------|-----------------------------------------|------------------------------|
| 1    |             |                    |         |                                         |                              |
| 2    |             |                    |         |                                         |                              |
| 3    |             |                    |         |                                         |                              |
| 4    |             |                    |         |                                         |                              |
| 5    |             |                    |         |                                         |                              |
| 6    |             |                    |         |                                         |                              |

B. Supported Mandatory Documents for the claim:(Please tick the annexed documents below)

|                          |                                                                                                                                                                |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                          | Recommendation of concerned Warden <b>(if the student resides in University Hostel)</b>                                                                        |
| <input type="checkbox"/> | Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre        |
| <input type="checkbox"/> | Proof of admission in Hospital and discharge slip etc                                                                                                          |
| <input type="checkbox"/> | Proof of medical tests conducted                                                                                                                               |
| <input type="checkbox"/> | Fitness certificate of the hospital                                                                                                                            |
| <input type="checkbox"/> | Endorsement by parent/guardian on the certificate of treatment <b>(if the student is a Day Scholar)</b>                                                        |
| <input type="checkbox"/> | Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre |
| <input type="checkbox"/> | Prior Approval of Dean Academic (UG) for any authorized work in the academic interests                                                                         |

**DECLARATION**

I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the result for the requested courses for make-up examination be cancelled.

Signature of the Parents/Guardian  
Name (in Capital Letters)

Date :  
Place :

Signature of Student  
Name (in Capital Letters)

Date :  
Place :

