ANNEXURE-F

Academic Section (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: **The Assistant Registrar,** **Academic Section(U.G.),** ***Delhi Technological University***	***(For use by the Academic Section {UG})*** **Permitted** by Dean Acad.(UG) / **NOT Permitted** by Dean Acad.(UG)

To be filled in by the applicant

Name:..... *Address for Communication*:

Roll No: ....

Mobile No..... .....

Email: ....

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*)

1	Recommendation of concerned Warden (***if the student resides in University Hostel***)
2	Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre
3	Proof of admission in Hospital and discharge slip etc
4	Proof of medical tests conducted
5	Fitness certificate of the hospital
6	Endorsement by parent/guardian on the certificate of treatment (***if the student is a Day Scholar***)
7	Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre
8	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 :