Request for Re-Scheduling of Examination

Roll No: ____________________________________________

Program
☐ AD  ☐ BS
☐ MS  ☐ PhD

Name: ____________________________________________

Discipline: _______________________________________

It is stated that I could not appear in the _______ Exam of the following course/es due to: _________

__________________________________________________________________________

__________________________________________________________________________

(Attach Evidence/Proof)

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<tr>
<th>Sr. No.</th>
<th>Course Code</th>
<th>Course Name</th>
<th>Date of Exam</th>
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After final approval, I will pay the requisite fee as per existing policy of the Institute.

Student’s Signature ____________________________________________ Date: __________________________

(For Office Use)

☐ Rejected ☐ Recommended for approval (Requisite Fee to be paid by the Student)

Comments (if any): ___________________________________________

__________________________________________________________________________

Chairman’s Signature: ____________________________________________ Date: __________________________

(Fee Payment Details)

Receipt No. __________________________ Date: __________ Amount: Rs. __________

Account’s Signature: ________________ Date: __________