



## Examination Department

### REQUEST FOR MAKE-UP EXAMINATION

I, \_\_\_\_\_ Registration No. \_\_\_\_\_ Program \_\_\_\_\_  
Term \_\_\_\_\_ Contact No \_\_\_\_\_ Reason of Makeup exam \_\_\_\_\_

Understand that absence from Final term / Mid-term examination is permissible only in case of severe emergency or death of immediate family member (parent / sibling) is regarded as legitimate reason for scheduling a make-up examination. However, the student or someone on his / her behalf must inform Controller of Examination before the exam is held. For make-up examination, a fee of Rs. 5,000/- will be charged for each class exam paper.

I request you to schedule a make-up examination of:-

Class ID	Course Name	Faculty Name

\_\_\_\_\_  
Student's Signature

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### FOR OFFICE USE ONLY

**Accounts Office:**

Received amount Rs: \_\_\_\_\_

No of exam papers: \_\_\_\_\_

Signature & Stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**Registration Office:**

Approved: ☐ Yes ☐ No

R&E Office: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_