**Application form for Re- check of failed module (s)**

Faculty/Institute:

Name of the applicant:

Program of study:

Year & Semester:

Registration Number:

Name of the module(s) to be rechecked:

1) ……………………………………………………………………………………….

2) ……………………………………………………………………………………….

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Signature of applicant:

Contact Number:

Date:

**NOTE: Prescribed fee must be deposited to the respective faculty/institute/Examination Cell (OOP)**