**Application form for Re- Examination**

Faculty/Institute:

Name of the applicant:

Program of study:

Year & Semester:

Registration Number:

I would like to resit for the examination in the following failed module(s)

|  |  |  |
| --- | --- | --- |
| Sl.No. | Module Code | Name of Module  |
| 1 |  |  |
| 2 |  |  |

Signature of applicant:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved Not approved

Signature of Examination Coordinator (Institute/Faculty/ Examination Cell)

Date:

Remarks/comments if any:

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