



**GURU NANAK DEV ENGINEERING COLLEGE, LUDHIANA**  
**An Autonomous College under UGC Act - 1956 [2(f) and 12(B)]**  
**Affiliated to I.K.G. Punjab Technical University**

**EXAMINATION FORM**

*Makeup Examination of Nov, 2019 Exam Session*

Programme (B.Tech./M.Tech./MBA)				Candidate's Photograph (Passport Size) Attested By Concerned HOD
Branch		Year of Admission		
University Roll No.				
Semester		Shift (1 <sup>st</sup> /2 <sup>nd</sup> )		
Candidate's Name				
Father's Name				
Mother's Name				
Mobile Number		Email		

**Detail of Subjects for Examination**

Sr. No.	Subject Code	Paper ID	Subject Title	Subject Type (Compulsory/open Elective/Elective)
1.				
2.				

*This Form does not require signature of any official of Examination Branch.*  
**CONTROLLER OF EXAMINATIONS**

1. I have gone through the syllabus of subjects for examination. I understand all rules & regulations of the makeup examination and their amendments (if any), and will abide the same in respect to my eligibility for the examination. If I am not found eligible to appear in any particular subject/s even at the time of examinations, I will obey the rules and regulations of examination.
2. If any discrepancy is found in the filled Provisional Admit Card, I shall bring the same to the notice of Controller of Examinations through my Head of Department and get it corrected before start of examinations. In case the institute/university declares me ineligible due to any wrong information submitted in examination form, I shall be responsible for the consequences at any stage.
3. I am aware that the grade earned by me in Makeup exam will be awarded the next lower passing grade by reducing to next lower grade expect grade 'P' and Computation of Internal Examination marks of Makeup subjects is more than 60% and my End Semester Examination marks of Makeup subjects is less than 40%.

**Signature of Candidate**

**Date:**

Received Examination Form (Makeup) and Examination Late Fee (if any) of Rs. \_\_\_\_\_ Vide Receipt No. \_\_\_\_\_ dated: \_\_\_\_\_

**Signature of Concerned Department Clerk**  
**Date:** \_\_\_\_\_

**Signature of Exam. Coordinator**  
**Date:** \_\_\_\_\_

**Candidate Copy**

**Receipt of Examination Form (Makeup) and Examination Fee**  
**(Makeup Examination of November, 2019 Exam Session)**

Received Examination Form (Makeup) of Program (B.Tech./M.Tech./MBA) \_\_\_\_\_ Sem. \_\_\_\_\_ and Examination Late Fee (if any) of Rs. \_\_\_\_\_ vide Receipt No. \_\_\_\_\_ Dated: \_\_\_\_\_ from Candidate Name: \_\_\_\_\_ and having Uni. Roll No. \_\_\_\_\_

**Signature of Concerned Department Clerk**  
**Date:** \_\_\_\_\_