

APPLICATION FOR MAKE UP TEST

(Submitted the duly filled performa in the Dean (Academic) office before last date)

Name with Home Address : _____

Mobile No. : _____

Roll No : _____

Discipline : _____

Semester : _____

Reasons for Make up Exam : _____

Mobile No : _____

Detail of courses for which Make up Examination is required:

S.No	Course Code	Course Title	Date of Exam	Percentage Attendance till the date of scheduled exam	Name of Course Coordinator	Signature of Course Coordinator
1						
2						
3						
4						
5						
6						

(Signature of student)

Recommendation:

Officer	Comments	Signature
Hostel Warden		
Chief warden		
Medical officer of NIT Jal (In case of illness)		
Head of Department		

Associate Dean (Academic-UG/PG)