ACADEMIC SECTION (PG)
DELHI TECHNOLOGICAL UNIVERSITY
FORM OF APPLICATION

for

Make-up Examination for Mid/End Semester (Odd/Even)
Examination 202____ 202_____

The form when completed should be submitted to: **Controller of Examination** Delhi Technological University	(For use by the Academic Section {PG}) **Permitted** by Dean Acad. (PG)/ **Not Permitted** by Dean Acad. (PG)
To be filled in by the applicant	
Name: ………………………………….. Roll No: …………………………………... Mobile No: ………………………………….. Email: …………………………………..	Address for Communication: ………………………………………………… …………………………………………………. ………………………………………………….

A. Courses requested for Make-up Examination:

S.No.	Course Code	Name of the Course	Credits	Date & Time slot of the Exams scheduled	Reason for missing the Exams
1					
2					
3					

B. Supported Mandatory Documents for the claim:
   (please tick the annexed documents below)

1	Recommendation of concerned Warden (if the student resides in University Hostel)
2	Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre
3	Proof of admission in Hospital and discharge slip etc
4	Proof of medical tests conducted
5	Fitness certificate of the hospital
6	Endorsement by parent/guardian on the certificate of treatment (if the student is a Day Scholar)

7	Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre
8	Prior Approval of Dean Academic (PG) for any authorized work in the academic interests

DECLARATION

I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the result for the requested courses for make-up examination be cancelled.

Signature of the Parents/Guardian   Signature of Student

Name (in Capital Letters)   Name (in Capital Letters)

Date: Date:

Place: Place: