

**Academic Section (UG)
Delhi Technological University**

**FORM OF APPLICATION
for**

Make-up Examination for Mid/End Term (Odd/Even) Examination 201.....-201..... (Month.....)

The form when completed should be submitted to: The Assistant Registrar, Academic Section(U.G.), Delhi Technological University	(For use by the Academic Section (UG)) Permitted by Dean Acad.(UG) / NOT Permitted by Dean Acad.(UG)
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To be filled in by the applicant	
Name:.....	Address for Communication:
Roll No:
Mobile No.....
Email:

A. Courses requested for Make-up Examination:

S.No	Course Code	Name of the Course	Credits	Date & time slot of the as per Exam date sheet	Reason for missing the Exam
1					
2					
3					
4					
5					
6					

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

	Recommendation of concerned Warden (<i>if the student resides in University Hostel</i>)
	Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre
	Proof of admission in Hospital and discharge slip etc
	Proof of medical tests conducted
	Fitness certificate of the hospital
	Endorsement by parent/guardian on the certificate of treatment (<i>if the student is a Day Scholar</i>)
	Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre
	Prior Approval of Dean Acad(UG) 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

Name (in Capital Letters)

Date :

Place :

Signature of Student

Name (in Capital Letters)

Date :

Place :