



PROFORMA - REQUEST FOR CONDUCT OF MAKE-UP EXAMINATION

(Graduate / Undergraduate)

FACULTY: _____ **DEPARTMENT:** _____

Name: _____ S/D/o: _____

Roll No: _____ Program: _____ Semester: _____ Session: _____

Name of Exam: (End Semester Exam / Mid Semester Exam): _____

Names of Papers Missed:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

6. Fee Paid vide challan No: _____ dated: _____ (copy attached)

7. Reason for Conduct of Make-up: (Please also attach documentary proof)

Signature of Student

Contact Number/email: _____

Date: _____

Parents'/Guardians' Signature

Contact Number: _____

Coordinator's remarks: _____

HoD's endorsement : _____

Dean's recommendation: _____

NOTE: Fee paid challan form (in original) to be attached with this form.

Fee for Make-up Exam: For undergraduate Program **Rs. 7000/- per paper.**

For Graduate Program: **Rs. 10000/- per paper.**