



भारतीय प्रौद्योगिकी संस्थान कानपुर
INDIAN INSTITUTE OF TECHNOLOGY KANPUR
शैक्षिक विभाग : कार्यालय, डिजिटल लर्निंग
ACADEMIC SECTION: OFFICE OF DIGITAL LEARNING
APPLICATION FORM FOR MAKE-UP EXAMINATION



YEAR:20__ __, QUARTER(Q): __

To
The Chairperson, SOPC
IIT Kanpur

Date: ____/____/20____

I have missed the End-Quarter Examination (20__ Q - __) in the following module(s) due to the reasons indicated below. I shall be grateful if you could kindly allow me to take the make-up Examination:

Sl.No	Modules in which make up is sought				Modules in which clash of examination occurred (if any)				Make -up exam is sought on		
	Module no	Instructor In-Charge	Examination held on		Module no	Instructor In-Charge	Examination held on		Medical Ground*		Others** (Please specify)
			Date	Time			Date	Time	Name	Period	
1.											
2.											
3.											

*If yes attach a medical certificate and give details.

**Please attach extra sheets (if needed) and the relevant documents.

(Signature of Student)

Recommended/Not recommended Convener, DOPC Permitted/ Not Permitted CHAIRMAN, SOPC	Name of student: _____ Roll No: _____ Program: _____ Department: _____ Mobile No: _____
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