APPLICATION FORM FOR MAKE-UP EXAMINATION

To, The Chairperson, SUGC/SPGC IIT Kanpur

Date: _____/20___

I have missed the End-Semester Examination (20_______ Semester/Term) in the following course(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.	Courses in which make-up is sought				Courses in which clash of examination occurred (if any)				Make- up exam is	Period of illness & consulting Medical Officer	
	Course No.	Instructor In-charge	Examination held on			Instructor In-charge			sought on	Name	Period
			Date	Time			Date	Time	medical grounds YES/ NO*		
1.											
2.											
3.											
4.											
5.											
6.											
7.											

* If yes, attach a medical certificate and give details

(Signature of Student)

Recommended/ Not recommended	Name of student:	Roll No		
Convener, DUGC/DPGC Permitted/ Not Permitted	Academic Programme:	Department:		
remitted, not remitted	Mobile No	Hall No	Room No	
CHAIRMAN, SUGC/SPGC				