

APPLICATION FOR THE MAKE UP TEST

August 2017

Name of the candidate :

Register number :

Semester :

Phone number :

email i.d. :

Date of Submission :

Details regarding the papers to be written in makeup test :

Serial number	Subject code	Title

Receipt number for the make-up test fee paid(Kindly attach the receipt) :

Declaration

I have not written the makeup test earlier in any of the previous semesters during this course.

OR

I have written the make-up test in my _____ semester in _____(month & year). I have informed the Welfare officer regarding this and I was given special permission to write the makeup test this time also.

Signature of the candidate with date :