

VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA
(APPLICATION FORM FOR REPEAT MID-SEMESTER EXAMINATION)

1. Name of the Applicant:
2. (a) Registration No: (b) Semester:
(c) Programme (B.Tech/B.Arch/5yrs-Int. M.Tech/5yrs-Int. M.Sc./M.Sc./M.Phil./Ph.D):
3. (a) Branch/Department: (b) Section (if any):
(c) Contact Tel.No. of the applicant: (d) E-Mail ID:
(d) Contact Tel. No. of Parents:
4. (a) Boarder/Day Scholar:
(b) Name of the Hall of Residence (if Boarder):
5. ✓ Mark against the clause of Academic Regulation for not appearing Mid-Semester Examination (supporting documents are to be attached)
 - (a) Death in a family:
 - (b) Illness leading to hospitalization:
(to be supported by the discharge certificate from the hospital)
 - (c) Participation in Cultural/Sports/other official/Academic assignment in the interest of university

6. Name and Code of the subject

(in which the applicant want to appear Repeat Mid-Semester Examination)

Sl.No.	Subject Code	Name of the Subject	Date of Mid-Semester Examination notified for the subject
1			
2			
3			
4			
5			

7. List of documents enclosed to substantiate the clause for Repeat Mid-Semester Examination.
- (i)
 - (ii)
 - (iii)
 - (iv)

(Full Signature of the Student)

(All recommended cases should reach the office of Dean, Academic Affairs on or before last day of Mid-Semester Examination)

Letter No.

Dated:

Forwarded & Recommended

Signature of concerned official with official stamp
(Warden of Hall of Residence/Dean Students' Welfare)