

# VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY: BURLA

(DEAN, ACADEMIC AFFAIRS)



FORM NO. (ACADEMIC): F

No.VSSUT/ACD/ /20.....

Dated: ...../...../20.....

## APPLICATION FORM FOR REPEAT MID-SEMESTER EXAMINATION

1. Name of the student: \_\_\_\_\_
2. (a) Registration No: \_\_\_\_\_ (b) Semester: \_\_\_\_\_  
(c) Programme: \_\_\_\_\_
3. (a) Branch: \_\_\_\_\_ (b) Section (if any): \_\_\_\_\_  
(c) Student Mobile No: \_\_\_\_\_ (d) E-Mail ID: \_\_\_\_\_  
(d) Mobile 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 family (to be supported by necessary documents)
  - (b) Illness leading to hospitalization (to be supported by the admit and discharge certificate from the hospital)
  - (c) Participation in cultural / sports / conferences etc. / other official / academic assignment in the interest of University / Government (to be supported by relevant documents and duly permitted and certified by concerned authority)
  - (d) Appearing the interview / written test for a job / higher study (to be supported by suitable evidences and certified by concerned Dean)
6. Name of the subject  
(in which the student want to appear Repeat Mid-Semester Examination)

Sl. No.	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: ...../...../20.....

Forwarded & Recommended

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