## VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA

## NOTICE

No. VSSUT/ACD/MID/ 631

Dated: (2.08.202)

The eligible students of Even Semester U.G./P.G./ Ph.D. May-2021 those who want to appear repeat Mid-Semester examination as per Academic Regulations are required to apply in prescribed format attached with this notice. The prescribed application form for this purpose is available in University Web site. The fully filled application form along with required documents may be sent in pdf format through email to deanacd@vssut.ac.in on or before 23.08.2021.

Dean, Academic Affairs
Dated: 12.08-201

Memo No.VSSUT/ACD/MID/ 632 Copy to:

1. University Notice Board

- 2. All Wardens Halls of Residence for information.
- 3. All HODs for information & necessary action.
- 4. Controller of Examination/ Professor, Training & Placement for information & necessary action.
- 5. Dean, Student's Welfare for information & necessary action.
- 6. Dean, Faculty and Planning with a request to instruct the Manager, University Website to display the notice in VSSUT Website.
- 7. PA to Vice-Chancellor for kind information of Hon'ble Vice-Chancellor.

Dean, Academic Affairs

## VEER SURENDRA SAI UNIVERSITY OF TECHNOLOGY, BURLA (APPLICATION FORM FOR REPEAT MID-SEEMESTER 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.	<ul><li>(a) Branch/Department:</li><li>(c) Contact Tel.No. of the applicant:</li><li>(d) Contact Tel. No. of Parents:</li></ul>				(b) Section (if any): (d) E-Mail ID:	
4.	<ul><li>(a) Boarder/Day Scholar:</li><li>(b) Name of the Hall of Residence (if Boarder):</li></ul>					
<ol> <li>√ Mark against the clause of Academic Regulation for not appearing Mid-Seme Examination (supporting documents are to be attached)</li> </ol>					for not appearing Mid-Semester ched)	
6	(b) Illne (to b) (c) Part univ	be supported to icipation in Coversity	hospitalization by the dischargultural/Sports/	e certificate fr	om the hospital) Academic assignment in the interest of	
0.	Carabia	Name and Code of the subject (in which the applicant want to appear Repeat Mid-Semester Examination)				
			Name to appe	ha Cubiaat	Date of Mid-Semester Examination	
	Sl.No.	Subject	Name of t	he Subject		
		Code			notified for the subject	
	. 1					
	2					
	3					
	4					
	5					
7.	List of of (i) (ii) (iii) (iv)	documents end	closed to subst	antiate the cla	use for Repeat Mid-Semester Examination.  (Full Signature of the Student)	
	(All rec	ommended ca Mid-Semester	ses should rea Examination)	ch the office o	of Dean, Academic Affairs on or before last	
	Lettter No.				Dated:	
	Forwarded & Recommended			Signature of concerned official with official stamp (Warden of Hall of Residence/Dean Students' Welfare)		