**PGS- 25**

**College of Post Graduate Studies**

**Application form for Make-up Examination (Semester Final/Lab Final)**

(*This application must be submitted immediately after the examination is missed preferably within 24 hours, but in no case after 24 hour of the last date for Semester Final Examination*)

1. Name of the student………………………………………… …….. Id. No……………………….
2. College ………………………………… Batch……………......Sem. & year……………………..
3. Detail’s of courses for which make-up examination is requested.

|  |  |  |  |
| --- | --- | --- | --- |
| **S. No.** | **Course Title& No.** | **Date/Time of Missed Exam as per Final Examination Schedule** | **Name & Sign. of Instructor** |
| i. |  |  |  |
| ii. |  |  |  |
| iii. |  |  |  |

**Reasons for make-up examination**

1. Personal illness (give details and attach medical certificate)
2. Other grounds
3. Performance up to the last semester-

Credits………………….. Points………................. CGPA………………..

Dated…………………………… **Signature of student**

**5. VERIFICATIONS**

(a) Counselor’s remarks (based on personal verification):

**Signature of Wing Counselor**

(b) Hostel Warden’s remarks (based on personal verification& with reasons)

**Signature of Hostel Warden**

(c) Recommendations of Student’s Advisor (with reasons)

**Signature of Advisor**

(d) Recommendations of Chief Warden (personal verification)

**Chief Warden**

**Dean Post Graduate Studies**

**Note:** (a) In case a student falls sick in the hostel or is admitted to the University hospital or is referred to some other hospital, the application must be submitted to the Warden before leaving the hostel. The Warden shall, in such cases, get the application forwarded through his Advisor to the Dean

(b) In case a student is unable to make the application due to serious illness, the hostel warden will please submit the application on his behalf.