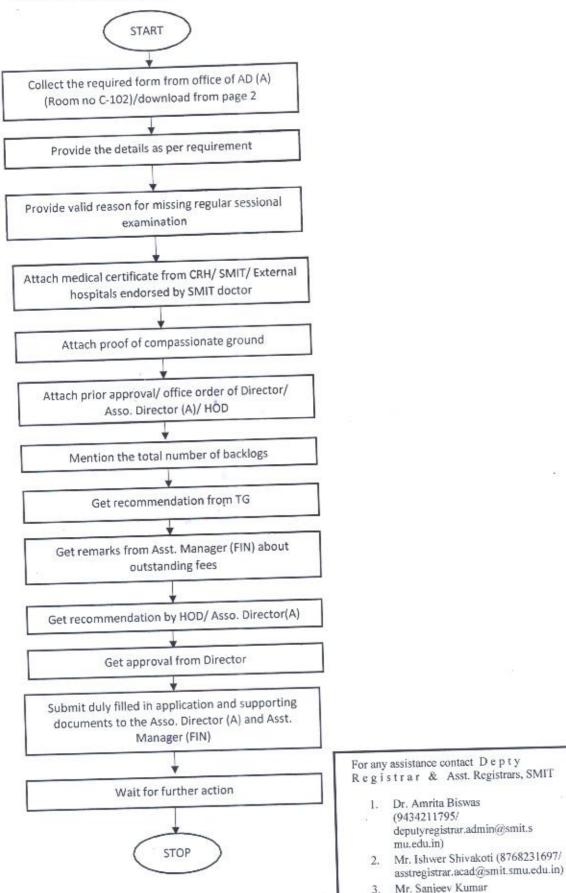
## REQUEST FOR RESESSIONAL EXAMINATION ON COMPASSIONATE/ MEDIACL GROUND/ LATE JOINING IN 1<sup>ST</sup> YEAR



(9933304161/



## APPLICATION FORM FOR CONDUCTING RE-SESSIONAL EXAMINATION ON COMPASSIONATE/ MEDICAL GROUND /LATE JOINING IN 1<sup>ST</sup> YEAR (Revised on May 2019)

1.	Name in	n full: N	1r/Ms		-		
2.	Parent's name (F/M/G#): Dept./Branch				Phone No	),	
3.			Sem/Sec				
4.	CARROLL STREET, STREET		***************************************			) <del> </del>	
5.		Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:					
6.	Valid reason(s) for missing the regular Sessional examination:						
7.	(i) Me	Supporting Documents attached.  (i) Medical certificate from CRH/SMIT/External hospitals endorsed by SMIT doctor: Yes/No  (ii) Proof of Compassionate ground:  (iii) Prior approval/Office order of Director/ Associate Director (A)/HOD: Yes/No					
8.		Sub, code		Date of mi	ssing	Signature of subject teacher	
	1					4.5	
	2					124	
	3						
	4					.,1	
	5					111	
	6						
9.	I am aware of the rules governing Re-sessional examination for which questions will cover the entire syllabus whereas question of Sessional I examination will cover only portion of syllabus covered before Sessional I examination.  My option is based on my own decision and not as advised by anybody else.						
11.	Signature of the student:						
12.	Recommended by TG:						
13.	Remarks by Asst. Manager (Fin) about outstanding fees if any:						
14.		Recommended by HOD/ Associate Director (A)*:					
15.		Approved by Director:					
ASS 246	porting ST.*MAN 117/246	document NAGER (1 118/24611	application endorsed/ s as stated above shall FIN) for record and fur 19/246120 ext: 270, FE: G: Legal guardian – Strik	be submitted to the rther actions.[Contac 330, 226]	Associate t No: 0359	Director (A) and the	

\* Associate Director (A) only for 1st, year students and HODs for Higher semester students.