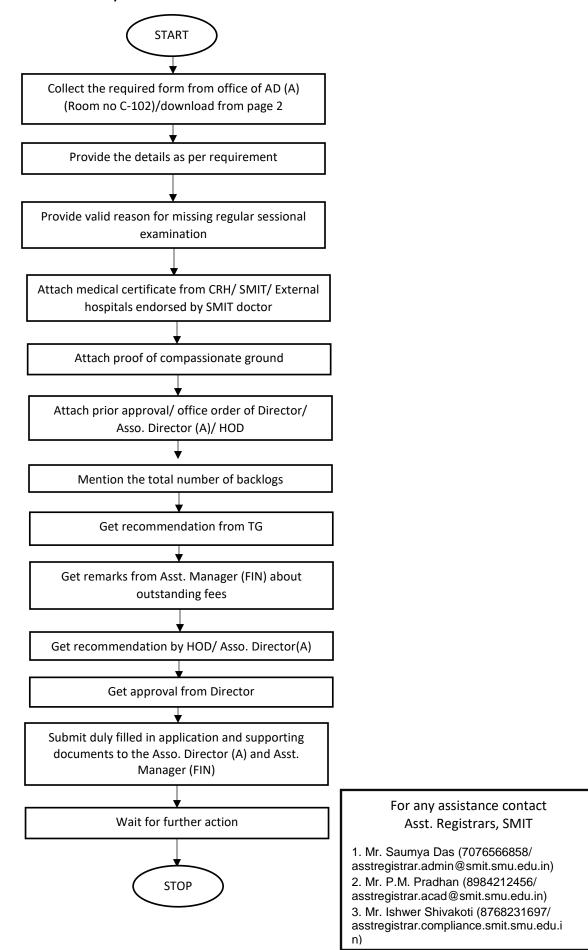
## REQUEST FOR RESESSIONAL EXAMINATION ON COMPASSIONATE/ MEDIACL GROUND/ LATE JOINING IN 1<sup>ST</sup> YEAR





## 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	Mr/Ms	Regn. N	Io	
2.	Parent's name				Io	
3.	(F/M/G#): Dept./Branch		· · · · · · · · · · · · · · · · · · ·		ec	
4.	Email ID			Phone N	Io	
5.	Hostelle	Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:				
6.	Valid reason(s) for missing the regular Sessional examination:					
7.	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.	S/No	Sub. cod		Date of missing	Signature of subject teacher	
	1			sessional	teacher	
	2					
	3			*	*	
	4					
	5					
	6					
9.	Total nos. of backlogs as on date:  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: Date:/					
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' 2461	orting of T. MAN 17/2461	AGER (I 18/24611 I: Mother/	n application endorsed/approved is as stated above shall be submit FIN) for record and further action [9/246120 ext: 270, FE: 330, 226] G: Legal guardian – Strike out which A) only for 1st. year students and HOl	ns.[Contact No: 035	Director (A) and the 92- 246145 OR 03592-	