

**REQUESTING PERMISSION TO SIT THE NEXT IMMEDIATE
SEMESTER-END EXAMINATION AS THE FIRST ATTEMPT**

1. Registration No.:
2. Name with Initials:
3. Degree:
4. Batch:
5. Address:
6. Contact No.:
7. Examination:
8. Medical Validity Period: From _____ To _____
(Please indicate the dates for which the medical certificate is valid)
9. Details of the Modules that Concession is Requested;

No.	Module Code	Module Name	Eligibility	Examination Date
1				
2				
3				
4				
5				
6				

I hereby certify that all the above details are true and correct to the best of my knowledge. Furthermore, I am aware that the decision of the Academic Council on this matter is the final.

Signature of the Student

Date

For Office Use Only

Received by the Students' Services Unit

Signature of the Officer

Date

Head, Department of _____

Dear Sir/ Madam,

This student has paid the registration fee and the semester fees (if applicable) to date.

This medical form has been approved by the University Medical Officer or an Authorized Officer.

Additional Remarks

Signature of the Officer-in-Charge,
Students' Services Unit,

Date