



भारतीय प्रौद्योगिकी संस्थान कानपुर  
INDIAN INSTITUTE OF TECHNOLOGY KANPUR

P.O.: IIT Kanpur, 208 016, Uttar Pradesh, India

शैक्षिक विभाग  
ACADEMIC SECTION

**Dean of Academic Affairs**  
अधिष्ठाता, शैक्षिक कार्य

November 16, 2015


**NOTICE**

**Subject: MAKE-UP EXAMINATIONS**

The students who wish to apply for make-up examinations for the End Semester Examination 2015-16-I should submit their application on a prescribed form, which is available in the UG Section, DOAA Office (Room No. 201, Academic Affairs Building). The make-up examination application based on medical grounds should be submitted along with medical certificates issued from the Institute Health Centre.

**The last date and time to submit the application in DOAA office is 5:00 PM on 27-NOV-2015.**

**Applications submitted on plain paper or late applications will not be accepted.**

  
(Neeraj Misra)  
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Copy to:

- 1) All HOD's
- 2) All Convener, DUGC
- 3) All Notice Boards, Hall I, II, III, IV, V, VI, VII, VIII, IX, X, GH-I, GH-II & GH-Tower
- 4) All Notice Boards at DOAA office, LHC, FB Lifts,
- 5) OARS (for uploading on DOAA website)

**APPLICATION FORM FOR MAKE-UP EXAMINATION**  
**(Semester: 2015-16-I)**

To,  
The Chairman, SUGC  
IIT Kanpur

Date: \_\_\_\_\_/\_\_\_\_\_/2015

I have missed the End-Semester Examination (2014-15-II Semester) in the following course(s) due to the reasons indicated below. I shall be grateful if you could kindly allow me to take the make-up Examination:

Sl. No.	Courses in which make-up is sought				Courses in which clash of examination occurred (if any)				Make-up exam is sought on medical grounds YES/ NO*	Period of illness & consulting Medical Officer	
	Course No.	Instructor In-charge	Examination held on		Course No.	Instructor In-charge	Examination held on			Name	Period
			Date	Time			Date	Time			
1.											
2.											
3.											
4.											
5.											
6.											
7.											

\* If yes, attach a medical certificate and give details

**(Signature of Student)**

Recommended/ Not recommended  Convener, DUGC	Name of student: _____ Roll No. _____  Academic Programme: _____ Department: _____  Mobile No. _____ Hall No. _____ Room No. _____
<b>Permitted/ Not Permitted</b>  <b>CHAIRMAN, SUGC</b>	