**SPECIAL EXAM REGISTRATION FORM**

|  |  |
| --- | --- |
| **Name:** |  |
| **Roll no:** |  |
| **Branch:** |  |
| **Programme:** |  |
| **Semester:** |  |
| **Mobile No** |  |
| **Email id** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SlNo** | **Course Code** **(as per your curriculum)** | **Course Name****(as per your curriculum)** | **L** | **T** | **P** | **C** | **Internal Assessment(IA) & Mid Term (MT) marks obtained** **(email copy from course instructor verifying internal marks to be attached)** | **Remarks** |
| IA Marks Obtained | MT Marks Obtained |
| 1 |   |   |   |   |   |   |   |  |   |
| 2 |   |   |   |   |   |   |   |  |   |
| 3 |   |   |   |   |   |   |   |  |   |
| 4 |   |   |   |   |   |   |   |  |   |
| 5 |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **Payment Details** |
| Enter Amount |  |
| Payment Reference no |  |
| Date of payment | Click here to enter a date. |

\*Soft copy of payment receipt must be attached with this form, download from payment history for the e-receipt if unable to generate at the time of payment.

**UNDERTAKING**

I undertake that the course registered by me maybe treated as provisional registration under Special Exam.

**Signature of the Student**

**Comments, if any, from the Faculty Advisor:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of the Faculty Advisor Signature of HoD**