



REQUEST FOR CONDUCTING SUPPLEMENTARY EXAMINATION OF A COURSE

We would like to request the Institute to offer the following course for supplementary examination.

1. Session : **December 2024**

2. Course No., Title & L-T-P-C :

3. Academic Division :

4. Name and Roll no of the student(s) and the semester in which FP grade was secured:

Name & Roll Number	Semester in which FP grade was secured	Name & Roll Number	Semester in which FP grade was secured

5. Name(s) of the Faculty Member(s) who is/are willing to conduct the supplementary exam:

6. I / we hereby inform my/ our consent to conduct the supplementary examination.

Signature of Faculty Members

7. Recommendation / Remark by the Head of the Department/ Center:

Date:

Signature of Head of the Department/ Center

The above request to conduct the supplementary examination for the course is **Approved / Not Approved.**

Date:

Signature of Dean of Academic Affairs