

Name: _____ Registration No: _____

Program: _____ Section: _____ Semester: Fall Spring Summer Year: 20-

<u>Course Name</u>	<u>Instructor Name</u>	<u>Midterm</u>	<u>Final</u>	<u>Regular Exam held Date</u>
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Student Signature _____

Date _____

<u>Exam Attendance</u>			<u>Class Attendance</u>		
<u>Midterm</u>	<u>Final</u>	<u>Remarks</u>	<u>Total</u> <u>Classes</u>	<u>No.</u> <u>Absents</u>	<u>No.</u> <u>Presents</u>
Sr.1	<input type="checkbox"/>	<input type="checkbox"/>	Sr.1	<input type="checkbox"/>	<input type="checkbox"/>
Sr.2	<input type="checkbox"/>	<input type="checkbox"/>	Sr.2	<input type="checkbox"/>	<input type="checkbox"/>
Sr.3	<input type="checkbox"/>	<input type="checkbox"/>	Sr.3	<input type="checkbox"/>	<input type="checkbox"/>
Sr.4	<input type="checkbox"/>	<input type="checkbox"/>	Sr.4	<input type="checkbox"/>	<input type="checkbox"/>
Sr.5	<input type="checkbox"/>	<input type="checkbox"/>	Sr.5	<input type="checkbox"/>	<input type="checkbox"/>

Examination Office

ASO Office

Reason for Retake :

According to given Policy

Supporting Documents
Attached (Mandatory)

- 1 Absence due to serious illness/accident/hospitalization :
- 2 Death in immediate family:
- 3 Job-related travel:
(Applicable only for MS/PhD, MBA evening & EMBA/MPM/MHRM Programs only)
- 4 Hajj:

Remarks by PM :

Semester Status

Open Closed

Verified &
Approved

Not Approved

Program Manager

Remarks by HOD :

Approved Not Approved

HOD

For office use only

Clearance:

<u>Finance</u>
Remarks: _____
Finance Controller

Retake Examination Fee is Rs. 5000/- per course /per exam

Examination Office

Remarks: _____

Examination Controller