



**APPLICATION FOR SPECIAL SUPPLEMENTARY EXAMINATION  
POST GRADUATE PROGRAMMES**

Month -----Year -----

1	UPRN				
2	Name of Candidate				
3	Mobile Number				
4	Period of Study				
5	<b>Courses for which the candidate appears in examination</b> (Special Supplementary Examination will be conducted only for those courses in the III and IV Semesters of the PG Programmes for which the student did not obtain a minimum grade of C)				
<b>Course Name</b> (Tick the box for ESE or ISE or both)		<b>Course Code</b>	<b>ESE</b>	<b>ISE</b>	<b>Semester</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Amount to be paid(see notification)</b>		<b>Rs.</b>			
I, .....hereby declare that I have not obtained the minimum required grade for qualifying the above mentioned courses.					
Signature of the candidate				Date:	
Seal and Signature of the HOD					

**For Office Use**

Verified by Account Superintendent	Signature:
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