

COLLEGE OF AGRICULTURAL ENGINEERING, & TECH. PAU, LUDHIANA

(For Dean/Advisor/Head of Department)

APPLICATION FOR MAKE UP EXAMINATION (in duplicate)

1. Name of student _____
2. Registration No. _____
3. Class _____
4. O.C.P.A. at the end of last semester _____
5. Residing in Hostel _____
6. Name of Examination _____
7. Course No. _____
8. Course Title _____
9. Name of Instructor _____
10. Date and time of examination _____
11. Documents attached _____

Dated _____

For Use by Advisor _____

(Signature of student)

Specific recommendations of Advisor _____

Dated _____

(Signature of Advisor)

Name _____

Designation _____

Department _____

FOR USE OF DEPARTMENT

Instructor's remarks _____

Dated _____

(Signature of Instructor)

Order of Head of Department _____

(Signatures)
Head of Department