

**Application for make-up examination (Hourly/Mid-Term)**  
**(to be submitted in triplicate)**

To

The Head  
Department of \_\_\_\_\_  
PAU Ludhiana

**Sir/Madam,**

I was not able to appear in 1st Hourly/Mid term examination of \_\_\_\_\_ (course No)  
\_\_\_\_\_ (title of the course)  
\_\_\_\_\_ held on \_\_\_\_\_ (date) due to the reason \_\_\_\_\_.

I may be allowed make-up examination for the same.

.....  
(Signature of the student)

.....  
(Name of the student)  
Admission No.

Recommended/  
Not recommended

Recommended/  
Not recommended

Advisor  
(Sign with seal)

Course Teacher  
(Sign with seal)

**ORDER**

The student is allowed/not allowed to take the make-up test.

(Head)

Receipt No.  
Date:  
(In the o/o concerned Head)

Dispatch No.  
Date:

1. Concerned Teacher
2. The Dean, COBSH/Dean, PGS
3. The Registrar, PAU.

**Note:**

1. The advisor is to approve if the reason for make-up is genuine. For medical grounds, the medical certificate should be from the University Hospital only.
2. The application must be received in the office of concerned Head within **three** days after the examination date. The receipt No. of the application and date must be entered.