

## RE-CONDUCT FORM (MID TERM EXAMINATION)

Examinat	tion: Fall Spring Summer 2	2 0	Reg. No
Name:	Fa	ather's Na	Name:
Program:	Batch:		Current Semester:
Sr. No.	Subjects / Papers		Semester
1.			
2.			
3.			
4.			
5.			
6.			
Signature:		Date of Submission	
HOD / Co	oordinator Signature:	Date: _	
Receipt No		Amount Paid	
Payment Date:		Cell No.	
	Verified By Account Officer	Recom	nmended By Controller of Examinations
	vollined by Adobatic Officer	1.00011	Time Total By Controller of Examinations
Decision			
Re-Condut Allowed Yes No		Approved By Rector	

## **Important Instructions:**

- I. Prescribed re-conduct fee is Rs. 10,000/- per paper / course.
- ii. Incomplete form shall not be entertained.
- iii. Attach the original Re-conduct paid receipt with this form.
- iv. In case of Non-Approval from Competent Authority, the fee paid shall be refundable.
- v. Attach an application stating reason along with evidence.