## APPLICATION FORM FOR SUPPLEMENTARY/ MAKE UP EXAMINATION

To, The Head of the Department / Dean / Controller of Examinations Ramakrishna Mission Vivekananda Educational and Research Institute Headquarter located at Belur Math, Howrah, West Bengal - 711202

Respected Sir

Name in full:

Contact No.:

ID No.:

Please permit me to appear in the following supplementary examination(s) against the information.

E-mail: Whether completed all the academic requirements to get the degree/diploma: Yes / No.

SI	Course/ Module code	Course/Module Name	Grade obtained (earlier)	Whether failed in the last Supplementary Examination?
1)				
2)				
3)				
4)				

Programme of Study:

## **Declaration of the Applicant**

Statements made above are true and correct to the best of my knowledge. I declare that as per the rules of this University I am eligible to appear in the supplementary examinations for the courses/modules mentioned above.

Date: Full Signature of the student

## Recommendation of the Administrative Head / Dean / HOD / Programme-Coordinator

The particulars stated above have been checked and found to be correct to the best of my knowledge. The student has fulfilled the academic requirements to appear in the above mentioned supplementary examinations.

Full Signature of the Administrative Head/ Dean /HOD/ Course-coordinator with Seal and Date

## **Instructions to the Student:**

- 1) Fees to be paid: a) Rs.500/- for each paper (If external examiners are involved in evaluation of the answer scripts then the fees to be determined by the Department). Fees to be paid online (preferably) / offline.
- 2) The filled up form to be submitted offline / online (by email) to the Head of the Department / Dean / Coordinator / Administrative Head