

Form No.:



KALASALINGAM

Academy of Research and Education
DEEMED TO BE UNIVERSITY

Estd.U/S 3 of UGC Act 1956, Accredited by NAAC with "A" Grade

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OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR MAKEUP EXAMINATIONS

Name: _____ Register No: _____ Date: _____
Degree / Branch: _____ Year: _____

Applied for : SE-I / SE-II/SE-III/ END SEMESTER EXAMINATIONS

Sl. No	Course code	Course name	Exam Date	Session (FN / AN)	Signature of Concern Staff
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Signature of the Student

Signature of the Faculty Advisor

Signature of HoD

Last date for submission:

Encl: Medical Certificate from our KLU Health Center

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Verified By

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