To,
The Controller of Examinations
SHUATS, Allahabad

Subject: Application for Semester

ID No._____________________

Name_______________________

Father’s Name_____________________. Programme___________________________

My result is declared as incomplete/Repeat/Re-registration in following course(s):

<table>
<thead>
<tr>
<th>S. No</th>
<th>Sem</th>
<th>Course Code/Course Name</th>
<th>Result (I/R/Re)</th>
<th>Name of subject teacher who taught you</th>
<th>Name of subject teacher conducted your Exam (if known)</th>
<th>(Test/Exam) Conducted (Please Mention Date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td>(i)Assignment_______ (ii) Test ________ (iii) Mid Term_______ (iv) End Term_______ (v) Practical________</td>
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<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td>(i)Assignment_______ (ii) Test ________ (iii) Mid Term_______ (iv) End Term_______ (v) Practical________</td>
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<tr>
<td>3.</td>
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<td></td>
<td></td>
<td>(i)Assignment_______ (ii) Test ________ (iii) Mid Term_______ (iv) End Term_______ (v) Practical________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please fill one Course in One Column only). For more than 3 courses, please use extra sheet.

Signature of student_____________________________ Mobile No.________________________ Date: ________________

For Registrar office use only

Received on_________ Sign. of counter clerk________________
Date:________________

Received on________________
Sign. of concerned clerk________________

Action taken:________________________________________________________

Student’s Copy

PID No. ________________________________
Name:_________________________________  Serial No:_________________________
Received on ___________________________
Date:_______________________________

Sign. of counter clerk________________