



Makeup Examination fee-
Rs.250.00/Course

DOON UNIVERSITY

Kedarpur, Mothrowala Road, PO. Ajabpur
Dehradun-248001(Uttarakhand) Ph:-0135-2533139

Performa for Request for Make-up Examination

Academic Year 20... -20....(Odd/Even)

1. Name of Student:..... ID.....

2. School:..... Program.....Semester..... Contatct No.....

3. Course Description:-

Sl No.	Title of Course	Code	Seme ster	Name of Course Teacher	Course Teacher Sig Signature

4. Reason for absence

(Attach a Medical Certificate from a Reputed/ Recognised Hospital which should be verified by the University Doctor/ or Certificate/Marriage card of own's Marriage or Death Certificate in case of parental demise).

I have missed my examination of above mentioned course(s). I may be allowed to appear in the Makeup Examination.

Thanking You
Yours faithfully

(Signature of Student)

Date:

Attachment(s) 1..... 2.....3.....

Recommendation from the School	For Examination Section
I/c School of.....	Examination Coordinator.....
Seal	Seal

Approval of the Vice-Chancellor

Vice-Chancellor

FOR OFFICE (ACCOUNT SECTION) USE ONLY

Received a Sum of Rupees Through Cash/Bank Draft/Money Order and entered in the Cash Book at Sr. No..... Date

(Accountant)

(Cashier)