Form No: A4

**INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD**

**OFFICE OF THE DEAN (ACADEMIC)**

**APPLICATION FORM FOR APPEARING IN THE MAKE-UP EXAMINATION**

**PART A (To be filled by the student)**

|  |  |  |  |  |  |  |
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| **Academic Session** |  | **Semester** | MONSOON | √ | WINTER | √ |
| **MAKE-UP EXAMINATION FOR:** | **Mid Semester Examination** | √ | **End Semester Examination** | √ |
| 1. | Name of Student |  |
| 2. | Admission No. |  | Department |  |
| 3. | Program |  | Branch (if any) |  |
| 4. | Institute Email ID |  |
| 5. | Contact Number |  |

6. COURSE(S) FOR WHICH MID/END-SEMESTER EXAMINATION HAS BEEN MISSED:

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| --- | --- | --- | --- | --- |
| Sl. No. | Course Code | Credits | Title of the Course | IC/DC/DP/DE/OE/ESO |
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7. REASONS FOR MISSING MID/END SEMESTER EXAMINATION:

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***(Copy of the approved leave to be attached, if applicable. Part B of this form is also required to be submitted in case of absence due to medical reasons. The student needs to fill part A and submit it to the doctor whom he/she consulted at Health Centre of this Institute. The doctor will further submit it to CMO-IC of the Health Centre along with Part A and duly filled-in Part B)***

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B (To be filled by the Doctor consulted at this Institute’s Health Centre)**

***In case of absence due to medical reasons, the student needs to fill part A and submit it to the doctor whom he/she consulted at Health Centre of this Institute. The doctor will further submit it to the CMO-IC of the Health Centre along with Part A and duly filled-in Part B. The duly filled in parts A & B of the form will be collected from the health centre by the Office of Dean (Acad)***

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| 1. | Name of the Student |  |
| 2. | **Date of Reporting** of student at Health Centre |  |
| 3. | **Time of Reporting** of student at Health Centre |  |
| 4. | **How did the Patient report to the Doctor?****(**Whether came walking or brought on a stretcher) Please Tick one. | Came walking without any help \_\_\_\_\_\_Came walking with help from others \_\_\_\_\_\_\_\_\_Came on a wheel chair \_\_\_\_\_\_\_\_Brought on a stretcher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. | **Brief Clinical Notes & Provisional/Differential Diagnosis** |  |
| 6. | Whether any Investigation/Diagnostic/ Pathological lab test/ Biopsy/Endoscopy etc. substantiates the problem reported by the patient or the diagnosis? | YES / NO / Not Available(If yes, kindly attach a copy of the report provided)  |
| 7. | When can this patient be advised to sit and write an examination of 2-3 hours duration in the exam hall? (Kindly tick one or provide a date, if possible, based on clinical features during examination) | Now \_\_\_\_\_\_\_\_, After 30 mins to 1 hour \_\_\_\_\_\_\_\_\_,After 2-3 hours\_\_\_\_\_\_\_\_\_, After 6-8 hours\_\_\_\_\_\_\_,from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Can’t be said\_\_\_\_\_\_\_\_\_ |
| 8. | Whether the patient was kept under observation in Health Centre or referred for admission to any hospital? If yes, date to be mentioned | Kept under observation from\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_ / Referred for Admission on \_\_\_\_\_\_\_\_\_\_ / Not Admitted \_\_\_\_\_\_\_\_\_\_\_  |
| 9. | Has the patient been advised complete bedrest?If yes, until what date? (subject to follow up consultation if required by the patient) | YES / NOIf yes, until what date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | *(THIS FORM HAS TO BE HANDED OVER BY THE DOCTOR TO THE CMO-IC OF THE HEALTH CENTER WITH DULY FILLED-IN PART-A AND PART- B FOR HIS/HER ENDORSEMENT)* |

Name of the Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_Signature of CMO-IC with remarks, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

**PART C (To be filled by the Office of Dean Academic)**

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| **Observations, if any:****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assistant Registrar (UG / PG)** **(Signature)****………………………………………………………………………………………..………****Recommendation of the Assoc. Dean (UG/PG):** Based on the facts, as stated above, the application is: **RECOMMENDED/NOT RECOMMENDED****Specific remarks, if any:****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assoc. Dean (UG / PG)** **(Signature)** | Permission for appearing in Missed Mid/End-Semester Examination is:**GRANTED: NOT GRANTED:****Specific remarks, if any:****Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dean (Academic)** **(Signature)** |

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