



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)

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:

Sl. No.	Course Code	Credits	Title of the Course	IC/DC/DP/DE/OE/ESO

7. REASONS FOR MISSING MID/END SEMESTER EXAMINATION:

(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)

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 / NO If 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)

<p>Observations, if any:</p> <p>Date: _____</p> <p style="text-align: center;">Assistant Registrar (UG / PG) (Signature)</p> <p>.....</p>	<p>Permission for appearing in Missed Mid/End-Semester Examination is:</p> <p>GRANTED: <input type="checkbox"/> NOT GRANTED: <input type="checkbox"/></p> <p>Specific remarks, if any:</p>
<p>Recommendation of the Assoc. Dean (UG/PG):</p> <p>Based on the facts, as stated above, the application is:</p> <p>RECOMMENDED/NOT RECOMMENDED</p> <p>Specific remarks, if any:</p> <p>Date: _____</p> <p style="text-align: center;">Assoc. Dean (UG / PG) (Signature)</p>	<p>Date: _____</p> <p style="text-align: center;">Dean (Academic) (Signature)</p>
