NOTE: Duly filled form with Medical Certificate endorsed by the University Medical Officer should be submitted within 14 days from conclusion of the particular semester examinations for which the student was absent on medical grounds.

	Applic	Jaur	<u> </u>	UI 3	tuae	1115		opeai	<u> </u>	<u> 1Cui</u>	<u>ty o</u>	1 36	IGII	CE				
	Title: (Mr/Miss/Mrs/Sis.)																	
1.	Full Name:																	
	(IN BLOCK																	
	CAPITALS)																	
	<i>C. i </i>																	
2.	Reg. No.																	
3.	Index No:																	
4.	Telephone No:																	
5.	Registered Academic Yr						/											
6.	Present Level of Study:		L	Е	V	Е	L											
7.	If Level 3, mention whether Honours/ General																	
8.	Email																	
9.	Postal Address:																	
	CAPITALS)																	<u></u>
	Category of Appeal		1 Postponement of studies									<u> </u>						
10.	(Mark "X" in the appropriate cell)		 Repeating exams under Medical grounds Other valid ground (should be described separately) 															
			Proper Exam:															
	shou f)		Course Code T/P Date of Exam								Missed							
	Nature of the Appeal: (If a student fails to sit ECE(s) due to Medical reason, he/she should furnish this cage. Any other appeals should be mentioned overleaf)		Course code						T/P Date of Exam						Attempt			
	on, he																	_
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	Nature of the Appeal: to sit ECE(s) due to Medical reas																	
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12.	Medical Certific covering Date(speriod(s):													
NOT	<u>E</u> : (1)	Duly 1	filled	I form with Medical Certificate endorsed by the University										
		-		Officer should be submitted within 14 days from the										
			onclusion of the particular semester examinations for which the											
			student was absent on medical grounds. Late submission of Medical											
			certificate will not be entertained under any circumstances.											
	(2)		If you mark the Categories (1) & (3) in Question No. 10, your request must be											
				parately with valid reason, and supporting documents must also be										
		attach	ed.											
	Dat	e		Signature of the Student										
13.														
	Observation of the University Medical Officer													
				ty										
				Date Signature										
				<u>NOTE</u> : Observation should be obtained from the University Medical Officer only if the medical certificate is not issued by the University Medical Officer.										
				only if the medical certificate is not issued by the Oniversity Medical Officer.										
14.														
	Observation o	f the Assistant												
	Registrar													
15.				Recommended to place at the forthcoming faculty board										
				Not Recommended due to the following:										
	** Recomme													
	Dedii/ FdCl	ılty of Science												
<u> </u>														