ভাৰতীয় প্ৰযুক্তিবিদ্যা প্ৰতিষ্ঠান গুৱাহাটী
भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI
Academic Courses Section

Form – GEN/27-B

REQUEST FOR CONDUCTING SUPPLEMENTARY EXAMINATION FOR A COURSE
(ONLY FOR GRADUATING STUDENTS)

We would like to request that the Institute offer the following course for supplementary examination.

1.	**Session**				
2.	**Course No., Title & L-T-P-C**				
3.	**Academic Division**				
4.	**Name and Roll numbers of the student(s) and the semester in which the FP grade was secured:**				
	Name & Roll Number	Semester in which FP/ FD* grade was secured	Name & Roll Number	Semester in which FP/ FD* grade was secured	
	* 'FD' in case of only graduating students				
5.	Name(s) of the Faculty Member(s) who is/are willing to conduct the supplementary exam:				
6.	I/we hereby inform my/our consent to conduct the supplementary examination. Signature(s) of Faculty Member(s) with Date				
7.	**Recommendation / Remark** by the Head, Academic Division: Signature of Head with Date				
The above request to conduct the supplementary examination for the course is **Approved / Not Approved**. Signature of Dean of Academic Courses with date					