



Form – GEN/27

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

REQUEST FOR CONDUCTING SUPPLEMENTARY EXAMINATION FOR A COURSE

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. <p style="text-align: right;">Signature(s) of Faculty Member(s) with Date</p>			
7.	Recommendation / Remark by the Head, Academic Division: <p style="text-align: right;">Signature of Head with Date</p>			
The above request to conduct the supplementary examination for the course is Approved / Not Approved . <p style="text-align: right;">Signature of Dean of Academic Courses with date</p>				