

**INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI**  
**ACADEMIC AFFAIRS SECTION**

**Form for Reinstatement Appeal**

**Form No: Gen/21**

(If a student wants to appeal for reinstatement, he/she must submit this form at the **respective department/centre** on or before **July 17, 2023**. Appeals received later will not be considered.)

To,  
Chairman, Senate

*Date of Appeal:*

*Justification for reinstatement appeal by the student must be given below, with supporting documents attached, if any.*

| <b>Proposed Course Plan for Next Two Semesters</b> |         |                                    |         |
|--|---------|------------------------------------|---------|
| Monsoon Semester (July-Nov 2023) Max. 4 courses    |         | Winter Semester (January-May 2024) |         |
| Course No. & Title                                 | L-T-P-C | Course No. & Title                 | L-T-P-C |
|  |         |                                    |         |
|  |         |                                    |         |
|  |         |                                    |         |
|  |         |                                    |         |
|  |         |                                    |         |
|  |         |                                    |         |

*Student's Name:*

*Student's Roll No:*

**Student's Signature**

*Student's Email id:*

*Contact Mobile No:*

Comment from Faculty Advisor [*Faculty Advisor may comment after examining (i) student's grade report and(ii) the course plan prepared by the student for the next 2 semesters*].

RECOMMENDED

NOT RECOMMENDED

*Signature:*

*Name:*

*Date:*

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*Form for Reinstatement Appeal*

*Form No: Gen/21*

**Student's Name:**

**Student's Roll No:**

Comment from the DUPC/DPPC/CPPC:

RECOMMENDED

NOT RECOMMENDED

Signature of the Chairperson of DUPC/ DPPC/ CPPC \_\_\_\_\_

Comment from the IUPC/IPPC:

RECOMMENDED

NOT RECOMMENDED

Signature of the Vice-Chairman/ Chairman of IUPC / IPPC \_\_\_\_\_

Decision of the Chairman, Senate:

**APPROVED / NOT APPROVED**

Signature of the **Chairman, Senate** : \_\_\_\_\_

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*The department/ center is requested to give this page of acknowledgement to the student after signing.*

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*Form for Reinstatement Appeal*

*Form No: Gen/21*

**Student's Name:**

**Student's Roll No:**

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**Acknowledgement**

This is to acknowledge the receipt of reinstatement appeal of the student with above mentioned details. The student must attend the classes of courses mentioned below anticipating favourable consideration by the competent authority. However, attending classes will NOT guarantee the reinstatement. This will ensure the requisite attendance in classes and participation of sessional assessments of the course in case of reinstatement. Final decision on the reinstatement appeal will be available after IU/PC/ IPPC meeting on or before 10.01.2020.

| Course-1 Number | Course-2 Number | Course-3 Number | Course-4 Number |
|-----------------|-----------------|-----------------|-----------------|
|                 |                 |                 |                 |

Date:

Signature of Dealing/ Receiving Official

Name of Dealing/ Receiving Official:

Department/ Center of \_\_\_\_\_