भारतीय प्रौद्योगिकी संस्थान गुवाहाटी शैक्षणिक कार्य अनुभाग गुवाहाटी ७८१ ०३९, असम, भारत



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

INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI ACADEMIC AFFAIRS SECTION

Guwahati 781 039, Assam, India

REQUEST FOR CONDUCTING SUPPLEMENTARY EXAMINATION OF A COURSE

1.	Session	: June 2025		
2.	Course No., Title & L-T-P-C	:		
_	A 1 ' D'''			
3.	Academic Division	:		
4.	Name and Roll no of the stude	d Roll no of the student(s) and the semester in which FP grade was secured:		
	Name & Roll Number	Semester in which FP	Name & Roll Number	Semester in which FP
		grade was secured		grade was secured
5.	Name(s) of the Faculty Member(s) who is/are willing to conduct the supplementary exam:			
	()		,	
	1 / la anala			
6.	/ we hereby inform my/ our consent to conduct the supplementary examination.			
			Si	gnature of Faculty Members
7.	Recommendation / Remark by the Head of the Department/ Center:			
	Date:		Signature of Head	of the Denartment/ Center
	Date: Signature of Head of the Department/ Cen			or the Department Conten
	The above request to conduct the supplementary examination for the course is Approved / Not Approved .			
		·	- •	<u>-</u>
	5 .		0 1	
	Date: Signature of Dean of Academic Affairs			