

Appeal No:-
(For office use only)

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STUDENT'S APPEAL FORM

Full Name:-

Address:-

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Reg No:-

Index No:-

Batch :-

Telephone No:-

Email ID:-

Exam Details that you have completed:-

1st Year 1st Semester: Year

Subject	Assignment	Proper	Repeat
1101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Year 2nd Semester: Year.....

Subject	Assignment	Proper	Repeat
1201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2nd Year 1st Semester: Year

Subject	Assignment	Proper	Repeat
2101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2105	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2nd Year 2nd Semester: Year

Subject	Assignment	Proper	Repeat
2201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3rd Year 1st Semester: Year

Subject	Assignment	Proper	Repeat
3101	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3102	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3103	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3104	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3rd Year 2nd Semester: Year

Subject	Assignment	Proper	Repeat
3201	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3202	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3203	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3204	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appeals:-

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Reasons for Appeal:-

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Medical report attached: Yes **No**

Payment Details: -

1st year 1st Semester	<input type="checkbox"/>
1st year 2nd Semester	<input type="checkbox"/>
2nd year	<input type="checkbox"/>
3rd year	<input type="checkbox"/>

I certify that above furnished details are correct and true

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Date

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Signature