

NATIONAL INSTITUTE OF TECHNOLOGY
KURUKSHETRA
Sessional Improvement Form

Name: _____
Roll No.: _____
Semester: _____ Section _____
Branch: _____
Subjects (Theory/Practical)
(i) _____
(ii) _____
(iii) _____
(iv) _____

Signature of Student

I hereby verify that the student has re-appear in sessional part of above courses.

Dealing Assistant (Results)

Deputy Registrar (Academic)

Head of the Department

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