

NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA
RE-APPEAR EXAMINATION FORM
 NOV/DEC-____/MAY/JUNE-____/JULY/AUGUST-____/____

1. PROGRAMME NAME: B.Tech//M.Tech//MBA/MCA/Ph.D. _____ 2. CURRENT SEM (Regular Student only): _____
 3. BRANCH/SPECIALIZATION: _____ 4. ROLL NO.: _____
 5. NAME: _____ [As per Student ID in Block Letter] 6. MOBILE NO: _____
 7. COURSE CODE(S) AND NAMES [RE-APPEAR] [THEORY AS WELL AS PRACTICAL] [TH-THEORY, PR-PRACTICAL]

Affix Passport
Size
Photograph
(Do not staple)

Sr. No.	Semester	Course Codes & Course Name (Each Course must be separated by , (Comma)
1	1 / 2	
2	3 / 4	
3	5 / 6	
4	7 / 8	

FEE RECEIPT NO.....DATED.....FEE AMOUNT (Including Late Fees) `

I solemnly declare that all the above particulars have been filled in by me and correct and that in case of any discrepancy found therein subsequently at any stage, I shall be responsible for the consequences arising out there. I have also attached self-attested photocopies of DMCs (Applicable for 2016 Batch onwards) or I have attached email copy of re-appear status received from Exam Cell. Original fee receipt is also enclosed.

Date: _____

Signature of the Student with date

..... **To be filled by the Academic Official**

The Roll No., Name of Student, Photo on form with photo from Student ID Card are verified. The student has paid prescribed fee and original copy of the fee is also enclosed. The email verification copy of re-appear status or self-attested photocopies of DMCs are also enclosed with this form. In case of authorization, the Photo-ID proof of student and the person who is submitting the form and authorization email/letter is also checked and found correct. I have also verified the re-appear subjects from the attached DMCs/Email copy.

Verified by Academic Cell official (Help Desk)

Dealing Seat Officials

Sr. Supdt(Academic)

Note: - Due to any reason if student can't submit his/her exam form in person, he may authorize his/her friend/relative to submit his/her form.

NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA
RE-APPEAR EXAMINATION
HALL TICKET
 NOV/DEC-____/MAY/JUNE-____/JULY/AUGUST-____/____

1. PROGRAMME NAME: B.Tech//M.Tech//MBA/MCA/Ph.D. _____ 2. CURRENT SEM (Regular Student only): _____
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Sr. No.	Semester	Course Codes & Course Name (Each Course must be separated by , (Comma)
1	1 / 2	
2	3 / 4	
3	5 / 6	
4	7 / 8	

Signature of the Student

Deputy Registrar (Academic)

IMP NOTE: - STUDENT WILL NOT BE ALLOWED TO APPEAR IN EXAMINATION WITHOUT THIS HALL TICKET DUPLICATE HALL TICKET CAN BE PREPARED ONLY ONE DAY BEFORE IN THE ACADEMIC SECTION ON THE REQUEST OF THE STUDENT.