



# Gujarat National Law University, Silvassa

## Application Form for Exemption(s)

☐ Exam, ☐ Medical, ☐ Other

Batch :		Reg. No. :	
Name of Student :			
Semester :			
Contact No. :			
E-mail ID:			
Duration:	From:		To:

Sr. No	Subject/s :	Total Class
1		
2		
3		
4		
5		
6		

\_\_\_\_\_  
Student's Signature

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Examination - Admin

\_\_\_\_\_  
Examination Committee