



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