

APPLICATION PROFORMA FOR MAKE UP TEST

Name of Student			
Registration No.			
Detail of Courses	Sr. No.	Course Code	Course Title
Reasons for not sitting in the Mid Semester Test			
Name of Hospital/Clinic, from where treatment was taken			
Name of Doctor			
Documents attached with this Application forms:	1. 2. 3.		
Date:	Signature of Student:		
Verification and Recommendations of the Medical Officer, Thapar University, Patiala			
Recommendations of Head of Department/School	_____ _____ Date: _____ Signature HOD		

Approved / Not Approved

Controller of Examinations