



Indian Institute of Technology Bhubaneswar
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APPLICATION FORM FOR

**REGISTRATION OF SUBJECTS FOR SUPPLEMENTARY
EXAMINATION-2016-17**

I, Shri/Smt. _____ Roll No. _____ hereby exercise my option for appearing at the Supplementary Examination in the following subjects in which I had obtained 'F' grade in the Autumn/Spring Semester Examination 2015-17

Sl.No.	Subject Number	Name of the Subject	Signature of the concerned Teacher
1.			
2.			
3.			
4.			
5.			

I am aware that in the event of my passing the subject(s) in Supplementary Examination, I shall be entitled to one grade less than the actual grade to be obtained in the Supplementary Examination but the minimum grade 'P' will remain unchanged.

I am also aware that in the event of my failure in the Supplementary Examination, I will be required to re-register the subject in the next immediate regular semester in which the subject(s) will be offered.

I enclose the Money Receipt of the prescribed fee of Rs. 50/- per subject.

Signature of Faculty Adviser

Signature of the student

Roll No.

Mobile No.

Signature of HOD