



DELHI TECHNOLOGICAL UNIVERSITY

(Estd. by Govt. of Delhi vide Act No. 6 of 2009)

(Formerly Delhi College of Engineering)

Shahbad Daulatpur, Main Bawana Road, Delhi-110042

Tel: +91-11-27296337, Fax: +91-11-2787 1023

ACADEMIC (PG) SECTION

F. No. 104-79/DTU/Acad-PG/make-up mid-term/2022-23/12285-93 Dated: 27th Sept 2022

NOTICE

Sub: Guidelines / Eligibility for Make-up Examination.

Attention of all the Post Graduate students of M. Tech., M. Design, MBA and M.Sc Program(s) is drawn to the provisions of Regulation R.1(B)23 dealing with the conduct of Make-up examination on Medical / Extra ordinary grounds.

1. It is be noted that the provision of make-up examination is meant only for the cases of **severe ailment/ other special circumstance**. The students with minor ailment may not allowed to appear for make-up examination.
2. It has been noted that in many cases the request for make-up examination is made quite late after the conduct of examination without any **recommendation of Head of the department**.
3. All HoDs may note that a clear cut recommendation is to be made on the make-up application considering the merit of the case and forward the same to Dean Academic (PG).
4. It has been observed that some of the students are misusing the provisions of Make-up examination and applying for Make-up examination without furnishing the supporting documents as detailed in appendix of the said Regulation reproduced below. Therefore, the students should ensure to accomplish an application for make-up examination **within ten working days** from the date of the examination missed, through their respective course coordinator and HoD, with the relevant supporting documents (appendix). Application received after this period will not be entertained.
5. The University will not entertain any request for make-up examination unless there is merit in such request and all the necessary documents are furnished with the application.

Supported Mandatory Documents for the claim

(Please tick the annexed documents below)

| | |
|---|---|
| 1 | Recommendation of concerned Warden (if the student resides in University Hostel) |
| 2 | Medical Certificate issued by the Medical Officer of the Hospital in which the student was admitted duly endorsed by Medical Officer of University Health Centre. |
| 3 | Proof of admission in Hospital and discharge slip etc. |
| 4 | Proof of medical tests conduct. |
| 5 | Fitness certificate of the hospital. |
| 6 | Endorsement by parent / guardian on the certificate of treatment (if the student is a Day Scholar) |

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| | |
|---|---|
| 7 | Medical certificate from hospital where Parents / real brother or sister / spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre. |
| 8 | Prior Approval of Dean Academic (PG) for any authorized work in the academic interests. |

Rinku
27/09/2022
(Prof. Rinku Sharma)
Dean Academic (PG)

F. No. 104-79/DTU/Acad-PG/make-up mid-term/2022-23//12285-93 Dated: 27/09/2022

Copy to:

1. PA to VC for kind information to the Hon'ble Vice Chancellor, DTU.
2. PA to Registrar for kind information to the Registrar, DTU.
3. All Deans.
4. All HoDs: with the request to bring of knowledge of the students and display on Notice Boards.
5. Controller of Examinations.
6. Superintendent (PG Examinations).
7. COO & Head (CC); with the request to upload notification on DTU Website Academic-PG page along with appendix attached.
8. Notice board.
9. Guard File.

Sunil Kr. Yadav
27/09/2022
(Sunil Kr. Yadav)
Section Officer Academic (PG)

ACADEMIC SECTION (PG)
DELHI TECHNOLOGICAL UNIVERSITY
 FORM OF APPLICATION

for

Make-up Examination for Mid/End Semester (Odd/Even)
Examination 202__ 202__

| | |
|---|---|
| The form when completed should be submitted to: Controller of Examination Delhi Technological University | (For use by the Academic Section {PG}) Permitted by Dean Acad. (PG)/ Not Permitted by Dean Acad. (PG) |
| To be filled in by the applicant | |
| Name: | Address for Communication: |
| Roll No: | |
| Mobile No: | |
| Email: | |

A. Courses requested for Make-up Examination:

| S.No. | Course Code | Name of the Course | Credits | Date & Time slot of the Exams scheduled | Reason for missing the Exams |
|-------|-------------|--------------------|---------|---|------------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

B. Supported Mandatory Documents for the claim:
 (please tick the annexed documents below)

| | |
|---|---|
| 1 | Recommendation of concerned Warden (if the student resides in University Hostel) |
| 2 | Medical Certificate issued by the Medical Officer of the Hospital the student was admitted duly endorsed by Medical Officer of University Health Centre |
| 3 | Proof of admission in Hospital and discharge slip etc |
| 4 | Proof of medical tests conducted |
| 5 | Fitness certificate of the hospital |
| 6 | Endorsement by parent/guardian on the certificate of treatment (if the student is a Day Scholar) |

| | |
|---|--|
| 7 | Medical certificate from hospital where Parents/real brother or sister/spouse was admitted in ICU duly endorsed by Medical Officer of University Health Centre |
| 8 | Prior Approval of Dean Academic (PG) for any authorized work in the academic interests |

DECLARATION

I hereby solemnly declare that the foregoing facts are true and correct and nothing is false therein and nothing material has been concealed there from. I also agree that in case any information given by me herein before is found false at later date, the result for the requested courses for make-up examination be cancelled.

Signature of the Parents/Guardian

Name (in Capital Letters)

Date:

Place:

Signature of Student

Name (in Capital Letters)

Date:

Place: