

BVM ENGINEERING COLLEGE [AN AUTONOMOUS INSTITUTION]
APPLICATION TO APPEAR IN SPECIAL MID SEMESTER EXAMINATION

From: Name: _____

ID No: _____

Mobile No: _____

Semester: _____

Date: _____

To,
 The Principal
 B.V.M. Engineering College
 V. V. Nagar - 388 120

Respected Sir,

I, the undersigned could not attend the First / Second Mid Semester examination due to following reason:

Date		Total Days	Reasons
From	To		
			a) Critically ill or injured and certified by Civil Surgeon* <input type="checkbox"/>
			b) Death of direct blood relation relative. <input type="checkbox"/>
			c) Representing Gujarat state in national level events and/or India in International events organized by official boards. <input type="checkbox"/>

*The Medical Certificate should be certified by Civil Surgeon / Medical Officer, CVM Primary Health Centre in prescribed format.

Kindly permit me to appear in the Special Mid semester examination to be conducted as per Academic Regulations UG.18.12.3 / PT.19.12.3 / PG.19.11.3.

List of Courses in which Special Mid Exam permission is required:

Sr.No.	Course Code	Course Tittle	Sr.No.	Course Code	Course Tittle

Thanking you,

Yours faithfully,

Encl: Related Original Documents

Student's signature

The documents submitted are verified. He/She may be permitted to appear in the Special Mid Semester examination as per the Academic Regulations UG.18.12.3 / PT.19.12.3 / PG.19.11.3.

Signature and Name of Faculty Counsellor

Signature of Head of Dept.

Date: _____

[For Exam Section]

Approved / Not Approved

Remarks (if any)

Signature of Controller of Examinations

BVM ENGINEERING COLLEGE [AN AUTONOMOUS INSTITUTION]

Date:

To,

The Principal
B.V.M. Engineering College
V. V. Nagar - 388 120

This is to certify that Mr./Ms._____

ID No._____of your institute was critically ill and has undergone the Medical

Treatment for_____.

I have verified the documents submitted by the student and are found genuine.



Signature of
Civil Surgeon / Medical Officer of CVM Primary Health Centre