



RE-SIT FORM (FINAL TERM EXAMINATION)

Examination: _____ Student ID: _____

Program: _____ Batch: _____ Current Semester: _____

Name: _____ Father's Name: _____

Subjects / Papers:

Semester #

i. _____

i. _____

ii. _____

ii. _____

iii. _____

iii. _____

iv. _____

iv. _____

v. _____

v. _____

vi. _____

vi. _____

Signature: _____

Date: _____

HOD Signature: _____

Date: _____

Receipt No. _____

Amount Paid _____

Payment Date: _____

Cell No. _____

Important Instructions:

- i. Prescribed re-conduct fee is Rs. 8000/- per paper / course.
- ii. Incomplete form shall not be entertained.

Office Use:

Account Officer Clearance:

Stamp & Sign.