



RE-CONDUCT FORM (MID TERM EXAMINATION)

1. Examination: _____ 2. Student ID: _____

3. Program: _____ 4. Batch: _____ 5. Semester: _____

6. Name: _____ 7. Father's Name: _____

8. Subjects / Papers:

i. _____

iv. _____

ii. _____

v. _____

iii. _____

vi. _____

9. Receipt No. _____

10. Amount Paid _____

11. Payment Date: _____

12. Cell No. _____

Signature: _____

Date: _____

Important Instructions:

- i. Prescribed re-conduct fee is Rs. **2000/-** per paper / course.
- ii. Incomplete form shall not be entertained.
- iii. Attach the original paid receipt with form.
- iv. In case of Non-Approval from Competent Authority, the fee paid shall be refundable.

Office Use:

Controller Office Clearance:

Stamp & Sign.