



**INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
EXAMINATION DIVISION**

SUPPLEMENTARY EXAMINATION:-



Enrolment No.		DEPT NAME
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Branch Name		Semester		Programme Name
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Name of the Candidate (Leave one Box empty between First Name, Middle Name and Surname)

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Address for Correspondence (Do not give Post Box No. Address. Leave a blank box between each unit of address like House No., Street Name, PO, etc.)

City	District

State	Pin Code

Mobile No.	E-mail

Paper Option
Please fill the Paper codes for which you have failed in the earlier exams for conduct of supplementary Examination
Supplementary Examination FEE 500/- Per Paper (Through Online SBI Collect portal)

S.No.	Paper Code for supplementary Exam With <i>Old Internal Marks</i>	S.No.	Paper Code for supplementary Exam With <i>Old Internal Marks</i>
1		7	
2		8	
3		9	
4		10	
5		11	
6		12	

FEE DETAILS Applicable only for Students appearing in a Supplementary Examination (Please write your Name & Enrolment No on the Payment receipt)

Total No. of Supplementary Papers		Total Amount (in Rs.)	SBI collect Ref No	
Theory Papers	x Rs. 500		Amount	Rs.
Practical Papers	x Rs. 500		Bank Name and Branch	
Late Fee, if any			Date of payment	/ /
TOTAL				

Have you ever caught with UFM case in IGDTUW. YES _____ NO _____ (Please Tick)

Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge. I also affirm that my registration for the course is valid and I attended the classes as per university norms. If any of my statements is found to be false, I will have no claim for taking examination. I undertake that I shall abide by the rules and regulations of the University.

Date: _____ (Signature of the student)

This is to certify that the student is eligible for appearing in the Examination as per norms and application is forwarded to Examination Division for further necessary action.

Signature of HOD

Approved /Not approved for supplementary Exam



Dean (Examination Affairs)/Dy.COE