

UNIVERSITY OF DELHI
EXAMINATION BRANCH VI/VII

Date of receipt of Application in
the University office _____

APPLICATION FOR SEEKING SPECIAL CHANCE BEYOND THE PRESCRIBED SPAN PERIOD TO APPEAR AT THE EXAMINATION/S TO BE HELD IN _____

1. Name(In Block letters) : _____
2. Father's Name : _____
3. Postal Address : _____
: _____
: _____
4. Tel. No. /Mobile No. : _____
5. Course/Examination : _____
6. College : _____
7. Year of Admission to the Course : _____
8. University Enrol. No. : _____
9. Year of expiry of span period : _____
10. Permission required for Annual /
Supplementary Examination : _____
11. No. of special chance (s) already
availed : _____
12. Reason(s) for gap years and seeking
special chance : _____
13. Paper(s) still to be cleared Part I _____
Part II _____
Part III _____

Details of examination taken by the candidate:-

YEAR	ROLL NO.	COURSE/EXAM.	PART	RESULT

(Photocopies of statement of marks of all the previous examinations and necessary documentary evidence/Medical Certificate in support of the reason(s) stated in column 12 must be attached)

Certified that the above information is correct

Dated: _____

(Signature of the Candidate)

**Application should be recommended by
the Principal/Head of the Department**

P.T.O.

:2:

Specific Recommendations of the Principal/Head of the Department/ Dean of Faculty:.....

.....

Dated.....

Signature
(With Rubber Stamp affixed)

Recommendation of the C.M.O. Health Centre in case the extension is being granted on medical grounds

.....

C.M.O. (W.U.S. Health Centre)

(For office use only)

Examination form and other certificates checked and verified.

O.S.D.(Exams)

A.C.E.(Conduct)

Section Officer

Dealing Asstt.

Recommendations of the Chairman, Standing Committee (Students):.....

.....

Signature
Registrar

Signature
Chairman, Standing Committee (Students)

DECISION OF THE STANDING COMMITTEE (STUDENTS)