

**VPM's B. N. Bandodkar College of Science (Autonomous), Thane**  
**Application Form for Additional Examination**

**Name of Student:** \_\_\_\_\_ **PRN:** \_\_\_\_\_

**Class (FY/SY/TY/M.Sc. I/II):** \_\_\_\_\_ **Subject Combination:** \_\_\_\_\_

**Semester (UG) I/ II/ III/ IV/ V/ VI :** \_\_\_\_\_

**Semester (PG) I/ II/ III/ IV :** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

| Sr No. | Paper Code | Course Title | Schedule Date of Missed Examination as per Time Table | Signature of Head of Department (Only for Internal & Practical) | INT / TH / PR (✓)  |
|--------|------------|--------------|---|---|--|
| 1      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 2      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 3      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 4      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 5      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 6      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 7      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 8      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 9      |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 10     |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |
| 11     |            |              |   |   | INT <input type="checkbox"/> TH <input type="checkbox"/> PR <input type="checkbox"/> |

**Reason for Absence:**

\_\_\_\_\_

\_\_\_\_\_

**Declaration:**

I hereby declare that all the above information is true and correct to the best of my knowledge.

**Signature of Student:**

**Important Note:**

Original medical certificate must be attached (for medical-ground students). Relevant documents must be attached if the student was representing the college for **NSS, NCC, DLLE, Cultural, & Sports etc.**

**For Missed Internal or Practical Examination the student must obtain the signature of the concerned HOD for verification of the Examination Date**

**Official Use Only**

**Application Status:** Approved  Not Approved

**Remarks:** \_\_\_\_\_

**Signature of Controller of Examination:**