

NOTICE

Academic Regulations of Thapar University, Patiala, provide with a Make-up test for a student who is unable to sit in Mid-Semester Test due to hospitalization/ immobilization.

All the students who would be putting a request for Make-up test should note the following points:

1. Students must consult the Health Center of the University.
2. Students taking emergency treatment during odd hours as outdoor or indoor patient can report to the University Health Center the next day or as soon as possible.
3. Students must consult a qualified doctor (M.B.B.S., M.D., M.S., DM, MCH) whenever they are getting treatment from outside. This will apply to all – hostlers, day – scholar / students staying in other towns, students on leave or vacation in their hometown.
4. Students must submit their request for make-up test with following documents:
 - a) Treatment slip on letterhead of the doctor (with date of treatment, investigation advised, follow-up with dates, details of hospitalization/immobilization and signature of doctor).
 - b) Medical Certificate – in case of immobilization, with fitness.
 - c) Students who are admitted must produce their discharge slip.
 - d) In case of chronic disease with recent exacerbation they must submit old records.
5. Students must submit their request (with above mentioned documents) on the prescribed proforma available in the departments/schools, within 15 days of the last examination. The Last date of receipt of applications is April 06, 2016. The applications must carry the recommendations of the University Medical Officer as well as concerned Head of Deptt/School.

(D. Gangacharyulu)
Controller of Examinations

Copy to:

1. Director – for kind information.
2. All Deans
3. All Heads of Departments/Schools with a request to display this notice on the Notice Board of their Units.
4. Medical Officer, Thapar University.
5. All Notice Boards of University.

APPLICATION PROFORMA FOR MAKE UP TEST

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| Name of Student | | | |
| Registration No. | | | |
| Detail of Courses | Sr. No. | Course Code | Course Title |
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| Reasons for not sitting in the Mid Semester Test | | | |
| Name of Hospital/Clinic, from where treatment was taken | | | |
| Name of Doctor | | | |
| Documents attached with this Application forms: | 1. 2. 3. | | |
| Date: | Signature of Student: | | |
| Verification and Recommendations of the Medical Officer, Thapar University, Patiala | | | |
| Recommendations of Head of Department/School | _____ _____ Date: _____ Signature HOD | | |

Approved / Not Approved

Controller of Examinations