

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 / Semester Examination : _____

11. No. of special chance (s) already availed : _____

12. Paper(s) still to be cleared : _____ Annual /Sem. Part No.

Details of examination taken by the candidate:-

YEAR	ROLL NO.	COURSE/EXAM.	PART	RESULT

(Photocopies of statement of marks of all the previous examinations must be attached)

Certified that the above information is correct

(Signature of the Candidate)

Dated: _____

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

(For office use only)

Examination form and other certificates checked and verified.

Dealing Asstt.

Section Officer

D. R. (Conduct)

Recommendations of the D.R. (Evaluation)

O.S.D.(C.E.)

DECISION OF THE STANDING COMMITTEE (STUDENTS)