

# Odisha University of Technology and Research

Techno Campus, P.O.: Mahalaxmivihar,  
BHUBANESWAR -751029, INDIA



Ref No. 685/ACD

Date:- 22.06.2023

## NOTICE

### Compensatory Mid-Semester Examination

#### 2<sup>nd</sup> Semester UG & PG Students.

The eligible students of 2<sup>nd</sup> semester of UG & PG Programmes those who want to appear the Compensatory Mid-Semester Examination as per clause no. 8(e) of the Registrations are required to apply in the prescribed format attached herewith through their respective departments.

All recommended cases should be submitted to the Academic Section on or before 26.06.2023.

*A. A. Choudhary*  
22/6/2023  
Dean, Academic Affairs

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ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH  
Bhubaneswar-751029

(APPLICATION FORM FOR COMPENSATORY MID-SEMESTER EXAMINATION)

1. Name of the Applicant :
2. (a) Registration No. : (b) Branch/Department ;  
(c) Programme ( B.Tech/B.Arch/B.Plan/TNT M.Sc./ 2 Yr M.Sc/ MCA/M.Tech/PhD)
3. (a) Semester : (b) Section ( if any):  
(c) Contact No. Of Applicant : (d) Email ID :  
(d) Contact No. Of Parent
4. (a) Boarder/Day Scholar :  
(b) Name of Hall of Residence (if Boarder):
5. ✓ Mark against the clause of Academic Regulation (8.e) for not appearing Mid-Semester Examination (Supporting Documents is to be attached)  
(a) Family Calamity( Death in a Family)  
(b) Illness leading to Hospitalization  
(c) Participation in Sports/Cultural/Other official /Academic Assignment in the Interest of University
6. Name and Code of the Subjects  
( In which the applicant want to appear Compensatory Mid-Semester Examination)

Sl.No	Name of the Subject	Subject Code	Date of Mid-Semester Examination notified for the subject
1			
2			
3			
4			
5.			

7. List of supporting documents enclosed to substantiate the clause for Compensatory Mid-Semester Examination.

- (i)
- (ii)
- (iii)

(Full Signature of the Student)

( All recommended cases should reach the Academic Section within five day from the issue of Notice)

Letter No:

Date:

Forwarded & Recommended

Signature of Concerned HOD with Official Seal