

**ଓଡ଼ିଶା ବୈଷୟିକ ଓ ଗବେଷଣା ବିଶ୍ୱବିଦ୍ୟାଳୟ**  
**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/INT 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