



Birla Institute of Technology, Mesra

Ranchi-835215, Jharkhand, India

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Examination Section

BITM/ES-02: Application Form for Appearing the Examination in Dispensary

Date:

To
The Controller of Examination
BIT Mesra, Ranchi-835215

Information

Full Name: _____ Roll Number: _____
Programme: _____ Department: _____
Semester: _____ Contact No: _____
Reason for Appearing in Dispensary: _____

Application

Dear Sir/Madam,

Kindly permit me to appear the following papers of _____ semester examination (session _____) in dispensary.

S.N	Date of Examination	Schedule/Seating	Subject Code	Subject Name
1				
2				
3				
4				
5				
6				
7				
8				
9				

Date:

Signature of Applicant

Recommendation of Head, BIT Dispensary (Mesra), Ranchi

(Signature and Seal)

For Office Use Only

Movement of Application/File:

Signature of Concerned Official (If required)

Controller of Examination

Note: Please attach the supporting documents with the application form.