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| **bitlogo**  **Examination Department**  **(परीक्षा विभाग)** | **बिरला प्रौद्योगिकी संस्थान, मेसरा**  रांची-८३५२१५, झारखंड, भारत  ईमेल: coe@bitmesra.ac.in  फोन: ०६५१-२२७५१३८ (Extn- ४४८३) | **Birla Institute of Technology, Mesra**  Ranchi-835215, Jharkhand, India  Email: [coe@bitmesra.ac.in](mailto:coe@bitmesra.ac.in)  Phone: 0651-2275138 (Extn-4483) |

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| ***BITM/ED-02: Application Form for Appearing the Examination in Dispensary***  ***(डिस्पेंसरी में परीक्षा में बैठने के लिए आवेदन पत्र)*** |

Date (दिनांक):

To (सेवा)

The Controller of Examination (परीक्षा नियंत्रक)

BIT Mesra, Ranchi-835215 (बीआईटी मेसरा, रांची-८३५२१५)

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| ***Information*** (सूचना) | |
| Full Name (पूरा नाम): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Programme (कार्यक्रम):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Semester (सेमेस्टर): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Roll Number (क्रमांक): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Department (विभाग): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No. (संपर्क नंबर): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for Appearing in Dispensary (औषधालय में उपस्थित होने का कारण): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

***Application (आवेदन)***

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| Dear Sir/Madam,  Kindly permit me to appear the following papers of \_\_\_\_\_\_\_\_\_ semester examination (session \_\_\_\_\_\_\_\_) in dispensary.  प्रिय महोदय / महोदया,  कृपया मुझे औषधालय में \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ सेमेस्टर परीक्षा (सत्र \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) के निम्नलिखित प्रश्नपत्रों में उपस्थित होने की अनुमति दें।   |  |  |  |  |  | | --- | --- | --- | --- | --- | | S.N  क्रमांक | Date of Examination  परीक्षा की तिथि | Schedule/Seating  अनुसूची/बैठने का | Subject Code  विषय कोड | Subject Name  विषय का नाम | | 1 |  |  |  |  | | 2 |  |  |  |  | | 3 |  |  |  |  | | 4 |  |  |  |  | | 5 |  |  |  |  | | 6 |  |  |  |  | | 7 |  |  |  |  | | 8 |  |  |  |  | | 9 |  |  |  |  | | |
| ***Date*** *(दिनांक)****:*** | ***Signature of Applicant (आवेदक के हस्ताक्षर)*** |

***Recommendation of Head, BIT Dispensary (Mesra), Ranchi***

***प्रमुख, बीआईटी औषधालय (मेसरा), रांची की सिफारिश***

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| **(Signature and Seal)**  **(हस्ताक्षर और सील)** |

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| *For Office Use Only (केवल कार्यालय उपयोग के लिए)* |

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| ***Movement of Application/File (आवेदन/फ़ाइल का संचलन):***  ***Signature of Concerned Official (If required)***  ***संबंधित अधिकारी के हस्ताक्षर (यदि आवश्यक हो)*** | ***Controller of Examination***  ***(परीक्षा नियंत्रक)*** |

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

***नोट:*** *कृपया आवेदन पत्र के साथ सहायक दस्तावेज संलग्न करें।*