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| **bitlogo****Examination Department****(परीक्षा विभाग)** | **बिरला प्रौद्योगिकी संस्थान, मेसरा**रांची-८३५२१५, झारखंड, भारतईमेल: coe@bitmesra.ac.inफोन: ०६५१-२२७५१३८ (Extn- ४४८३) | **Birla Institute of Technology, Mesra**Ranchi-835215, Jharkhand, IndiaEmail: coe@bitmesra.ac.inPhone: 0651-2275138 (Extn-4483) |

 |
| ***BITM/ED-08: Application Form for Alternative Arrangement for Clashing of Examination Dates****(परीक्षा तिथियों के टकराव के लिए वैकल्पिक व्यवस्था 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full Name (पूरा नाम): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Programme (कार्यक्रम):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester (सेमेस्टर): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Application (आवेदन)***

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| Dear Sir/Madam,I have registered in the following theory papers in (MO/SP/SS/NC \_\_\_\_\_\_\_\_\_\_\_).प्रिय महोदय/महोदया,मैंने निम्नलिखित सिद्धांत पत्रों में (एमओ/एसपी/एसएस/एनसी \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) में पंजीकरण कराया है।

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| S.Nक्रमांक | Date of Examinationपरीक्षा की तिथि | Subject Codeविषय कोड | Subject Nameविषय का नाम |
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Out of the aforementioned subject, the following papers are clashing on same date. Hence, I am requesting you for suitable alternative arrangement, so that I could appear in the examination. उपरोक्त विषय में से, निम्नलिखित पेपर एक ही तिथि पर टकरा रहे हैं। इसलिए, मैं आपसे उपयुक्त वैकल्पिक व्यवस्था के लिए अनुरोध कर रहा हूं, ताकि मैं परीक्षा में शामिल हो सकूं ।

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| S.Nक्रमांक | Date of Examinationपरीक्षा की तिथि | Subject Codeविषय कोड | Subject Nameविषय का नाम |
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| ***Date*** *(दिनांक)****:*** | ***Signature of Applicant (आवेदक के हस्ताक्षर)*** |

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

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| ***Signature of Concerned Official (If required)******संबंधित अधिकारी के हस्ताक्षर (यदि आवश्यक हो)*** | ***Controller of Examination******(परीक्षा नियंत्रक)*** |

***Note:*** *Please attach the registration slip with this application form.*

***नोट:*** *कृपया इस आवेदन पत्र के साथ पंजीकरण पर्ची संलग्न करें।*