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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) |

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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।

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| S.Nक्रमांक | Date of Examinationपरीक्षा की तिथि | Schedule/Seatingअनुसूची/बैठने का | Subject Codeविषय कोड  | Subject Nameविषय का नाम |
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| ***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।*