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| **bitlogo****Examination Section** |  |  **Birla Institute of Technology, Mesra** Ranchi-835215, Jharkhand, India Email: coe@bitmesra.ac.in Phone: 0651-2275138 (Extn-4483) |

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

 Date:

 To

 The Controller of Examination

 BIT Mesra, Ranchi-835215

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| ***Information*** |
| Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Roll Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason for Appearing in Dispensary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***Application***

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| Dear Sir/Madam,Kindly permit me to appear the following papers of \_\_\_\_\_\_\_\_\_ semester examination (session \_\_\_\_\_\_\_\_) in dispensary.

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| S.N | Date of Examination | Schedule/Seating | Subject Code | Subject Name |
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| ***Date:*** | ***Signature of Applicant*** |

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

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| **(Signature and Seal)** |

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| *For Office Use Only* |

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| ***Movement of Application/File:******Signature of Concerned Official (If required)*** | ***Controller of Examination*** |

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