



पूर्वोत्तर क्षेत्रीय विज्ञान एवम् प्रौद्योगिकी संस्थान
North Eastern Regional Institute of Science & Technology
Nirjuli(Itanagar) ::: Arunachal Pradesh

APPLICATION FOR MAKE-UP TEST

(Mid/End Semester Examinations Session: Jan-May...../July-Dec.....)

1. Name of Applicant : _____
2. Roll No. : _____
3. Regn. No. : _____
4. Contact No. & email id : _____

Details about the Subject

S/No	Course Code	Course Title	Name of CC	Signature of CC
1				
2				
3				
4				
5				
6				

Details of Fee:

No. of Course(s)	Total Fees @ ₹500/- per course	Receipt No. & date (Copy to be enclosed)

Date:

Signature of the Student

NB: In case of online submission, students are advised to email the Form to AR (Exam) at email id: arexam@nerist.ac.in enclosing Medical Prescription along with Make up Test Fee Receipt positively. A copy of the same may be sent to the CoE at email id: coe@nerist.ac.in.