



**SREENIVASA INSTITUTE OF TECHNOLOGY AND MANAGEMENT STUDIES, CHITTOOR
(AUTONOMOUS)
EXAMINATION SECTION**

APPLICATION FORM FOR GRANT OF CONDONATION

1. Name of the Student:
2. Registered Number of Student:
3. B.Tech/M.Tech/MBA/MCA:
4. Branch:
5. Year & Semester in which Condonation is Required:
6. Reasons for Availing Condonation:
7. Proof of Evidence Enclosed (Medical Certificate): (YES/NO)
8. Number of Times Condonation Facility is Utilized:
9. Details of the Condonation already Availed: YES/NO

I-I / I Semester	I-II / II Semester	II-I / III Semester	II-II / IV Semester	III-I / V Semester	III-II / VI Semester	IV-I / VII Semester	IV-II / VIII Semester

10. Remarks by the Mentor/ Class Teacher:

11. Recommendations of HOD:

12. Recommendations of Principal:

13. Condonation Fee Paid Particulars

Date & Amount:

SIGNATURE OF HOD WITH DATE

SIGNATURE OF PRINCIPAL

Note: Application Form for Grant of Condonation along with Condonation Fee Paid Challan Should be Submitted to the Office of the Accountant / Exam Section Before Appearing the Examinations.

FOR OFFICE USE ONLY

Medical Certificate: Enclosed / Not Enclosed

Passed for:...../-(.....only)

Entered in Page Number.....of the Condonation Register for the academic year 20.....and 20.....(date.....)

Verified by

ACOE

Controller of Examinations

Principal