**List of Students for Re-appearing in CABA-MDTP Examination \_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_** (Mention Month, Year)

(Provide the **Single list** of students for reappearing of examination by 31st March for June Examination and 30th September for December Examination)

Centre Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Centre:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Mobile No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Sr. No. | Registration Number | Name of Student  (IN CAPITAL LETTERS) | Please indicate the semester for Reappear  **S1** for Semester 1,  **S2**  for Semester 2 |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

* Mismatching of Name and registration Number or invalid registration number will not be considered for reappearing in the examination.
* For Semester 2 – Please mention the component (Theory/Practical/Project)

Total Students reappearing for Semester 1 only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Students reappearing for Semester 2 only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Students reappearing for both semesters \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reappear Fee by single Demand Draft @Rs 344/- per semester per student-including service tax (Rs 300 Exam Fees + Service Tax @14.5% or as revised from time to time by Govt. of India) in Favor of ‘Director, NIELIT, Chandigarh’ payable at Chandigarh.

Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Bank \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: Signature of Centre Incharge with seal