



Sardar Patel University, Mandi (H.P)

(A State Government University)

“Examination Branch”

E-mail ID: rme@spumandi.ac.in

No. SPU-Mandi/Exam/Misc./13/2023-2994-3002

Dated: 26.07.2024

NOTIFICATION

It is notified for information of all concerned that on the request of students the competent authority has approved a special chance to the students of Annual System Examinations (BA/B.Sc./B.Com./ Shashtri/ Prak-Shashtri) held in the month of May/June, 2024, who missed their Examination due to his/her own serious illness, accident or death of a near relative or other genuine ground, may be allowed another opportunity to appear in or to complete the examination in the next Supplementary Examination. The Examination for this special chance may tentatively be conducted in the month of September/October, 2024.

The students are advised to submit their application (with all supporting documents) along with undertaking (Annexure-I attached) to their Institution/College and in case of any doubt, they must confirm it from Result Branch.

The Head of Institution / Department/College are requested to forward all such applications along with a Recommendation Certificate (copy attached) to the Assistant Registrar (Examination), SPU Mandi latest by 31.07.2024.

The examination form along with fee shall be filled up through online mode and the schedule of examination will be notified in due course of time.

Sel
Controller of Examinations

Dated: 26.07.2024

Endst No. : Even No.

Copy to:-

1. The Dean Academics Affairs, SPU, Mandi for information please.
2. The Dean of Faculties, SPU, Mandi for information please
3. All the Principals of Degree Colleges affiliated to SPU, Mandi for information and n/a please.
4. Assistant Registrar (Examination), SPU Mandi for information & n/a.
5. Nodal Officer (Web Site), SPU, Mandi-175001 for uploading on the University Website.
6. PS to Vice-Chancellor/ Pro VC/ Registrar/ Finance Officer, SPU, Mandi for information please.
7. Guard File.

Anand
Controller of Examinations

Undertaking

I Mr. / Ms. S/D/o Sh. bearing
University Registration No. of course/programme
..... of(Name
of College) do hereby undertake on the of2024.

1. I hereby declare that I could not appear or complete the examination because of my own serious illness, or accident to myself, or the death of a near relative or other genuine ground.
2. That in case, I will not appear in the Supplementary Examination or is declared as having failed, my admission shall stand cancelled and shall forthwith revert to the lower class. I shall have no claim against the institution I have joined and/or the University.

It is certified that above undertaking is true and nothing has been hidden.

Place:-

Dated:-

(Signature of Student)

Name:-

Fathers Name:-

Regd. No.:-

Course:-

Class Roll. No.:-

Name of college:-

C/S

Principal

(Signature with Stamp)

CERTIFICATE

After due enquiry, I am personally satisfied that: -

- (i) The candidate Mr. / Ms. S/D/o Sh.
..... bearing University Registration No.
of course/programme of this institution could not appear
in or complete the examination because of his/her own serious illness, or
accident to himself, or the death of a near relative or other genuine ground (with
supporting documents).
- (ii) The candidate had a reasonable chance of success if he/She has appeared in the
examination.

Place:-

Dated:-

Principal

(Signature with Stamp)