AUTONOMOUS
Affiliated to JNTUH, Approved by AICTE, Accreditated by NBA & NAAC Marri Laxman Reddy Avenue, Dundigal, Hyderabad - 500 043, www.mlrit.ac.in

EXAMINATION BRANCH APPLICATION FORM FOR GRANT OF CONDONATION

I.	Name of the Student					:				
2.	H.T. Number					:				
3.	Name of the Branch					:				
4.	Year & Semester					:				
5.	. Reason for availing Condonation					:				
6.	Proof o	f evidence	enclosed			: YES / NO				
	(Medical Certificate for Govt. Doctor, not less than the rank of Civil Assistant Surgeon & Fee Receipt)									
7.	7. Number of times condonation facility is utilized :									
8.	8. Details of the Condonation already availed ($$) :									
	I Sem	II Sem	III Sem	IV Sem	V Sem	VI Sem	VII Sem	VIIISem	_	
Signature of the HOD with date UNDERTAKING										
75% discip	college, up of attendinary acter / year I promote turn of 75	undertake lance in e tivities. If r. This is g ise you th	that I will each semes I failed, I vill given by menat, I will no	studying _ come to the ster / I Yes will accept e only and r ot come ago h semester	B.To B.To B.To B.To B.To B.To B.To B.To	ech/M.Tederegularly and I fail and I of punishmoody's companies are issue	will not in ent or deta pulsion. and hereafte		n. In m of y in- that duce	
Signa	ture of t	he parent	t			Signature of the Student				

Proofs Enclosed: I. Medical Certificate 2. Fee Receipt