



INSTITUTE OF AERONAUTICAL ENGINEERING

(AUTONOMOUS)

DUNDIGAL – 500 043, HYDERABAD

EXAMINATION BRANCH

APPLICATION FORM FOR GRANT OF CONDONATION

1. Name of the student :
2. Registered number of the student :
3. Name of the course :
4. Branch/ Specialization :
5. Year & Semester in which condonation is required :
6. Reasons for availing condonation :
7. Proof of evidence enclosed : YES / NO
(Medical Certificate for Govt. Doctor, not less than the rank of Civil Assistant Surgeon)
8. Number of times condonation facility is utilized :
9. Details of the Condonation already availed :

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

10. Recommendations of HOD: RECOMMENDED / NOT RECOMMENDED

If Recommended, Reason (s):

SIGNATURE OF HOD

11. Recommendations of Principal: RECOMMENDED / NOT RECOMMENDED

If Recommended, Reason (s):

SIGNATURE OF PRINCIPAL

Date:

SIGNATURE OF STUDENT

FOR OFFICE USE ONLY

MEDICAL CERTIFICATE: ENCLOSED / NOT ENCLOSED

NUMBER OF TIMES CONDONATION FACILITY UTILIZED:

RECOMMENDATIONS OF COE: RECOMMENDED / NOT RECOMMENDED

Date:

CONTROLLER OF EXAMINATIONS