



COEP Technological University Pune

(A Unitary Public University of Govt. of Maharashtra)

Application for Medical Re-Examination

To,
The Dean,
School of Engineering and Technology,
COEP Technological University,
Pune – 411 005.

Subject: Application for Medical Re-Examination

Dear Sir/Madam,

I, Mr./Mrs./Ms. _____, am pursuing an
Engineering/Other Programme at COEP Technological University, Pune – 411 005.

I hereby apply for Medical Case Re-Examination for the Mid-Semester/End-Semester Examination for the following reason:

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.....

My details regarding the same are as follows:

1. Current Semester of the Applicant: I / II / III / IV / V / VI / VII / VIII

2. PRN No.: _____

3. Academic Year: _____

4. Branch Name: _____

6. Semester: _____

Details of Courses for Medical Re-Examination

Sr. No	Course Code	Course Name	Course Credits	Examination Date	Course Faculty Name and Signature
1.					
2.					
3.					
4.					
5.					

Date: _____

Signature of Student: _____

Mobile No: _____

Enclosure: Original copy of the Medical Certificate is attached herewith.



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APPROVAL SECTION	
CLASS COORDINATOR / FACULTY ADVISOR	HEAD OF DEPARTMENT
DEAN, SCHOOL OF ENGINEERING AND TECHNOLOGY	

After approval, application to be submitted to Exam Cell.

EXAMINATION SECTION	
Received by:	
Exam Cell Staff Name	
Signature	
Date:	