ALIGARH MUSLIM UNIVERSITY, ALIGARH
OFFICE OF THE CONTROLLER OF EXAMINATIONS

PROFORMA FOR PERMISSION TO APPEAR IN EXAMINATION AT HOSPITAL

Name of Student:

Class: **Faculty No.:**

Enrolment No.: **Exam Roll No.:**

HOSPITAL ADMISSION DETAILS

Date of Admission: **Room No.:**

EXAMINATION FOR WHICH PERMISSION IS NEEDED

Date of Exam: **Time:**

Paper Code: **Paper Title**

(Signature of the student)

(Copy of the examination hall ticket is to be enclosed)

CERTIFICATION

It is certified that the above mentioned student is unfit to appear in his/her above mentioned paper at Examination Centre. He may be allowed to appear in his paper at JN Medical College & Hospital/University Health Services.

CMO ***(For emergency cases only)*** **Consultant**

CERTIFICATION

It is certified that the above mentioned student is unfit to write for his/her examination and hence he/she will require writer for the above mentioned paper.

CMO ***(For emergency cases only)*** **Consultant**