

## EXAMINATION DEPARTMENT

### NOTICE

### SPECIAL SUPPLEMENTARY EXAMINATION AUGUST 2024

The University is holding Special Supplementary Examination in the month of August 2024 for UG & PG Program.

#### Submission of Online Forms

START DATE	25.07.2024
LAST DATE OF SUBMISSION	31.07.2024
<b>NO REQUEST FOR SPECIAL SUPPLEMENTARY EXAMINATION WILL BE ACCEPTED AFTER 31.07.2024, 4.00 PM.</b>	

The tentative dates for the Examination will be conducted from third week of Aug. 2024. The students are advised to regularly check the University website.

#### DETAILED GUIDELINES

- The Special Supplementary Examination is **ONLY** for those students who could not qualify for the award of the UG / PG Degree in the year 2024.
- The Students can opt for **BOTH EVEN AND ODD** Semester courses.
- Before applying for Special Supplementary Examination, the students are advised to check the courses being offered **CAREFULLY**. If in case, the courses are different, the student should inform the same to the Examination Department.
- The University shall not be held responsible for error in subject, semester, grade etc.

- The Special Supplementary Examination form is attached with this notice. Before paying the requisite fees for writing supplementary examinations, the students need to get the application form verified and approved from the Examination Department (Online (through email)/Offline(physically))
- Any query with regard to the supplementary examination should be emailed to the Examination Department at [exams@iussikkim.edu.in](mailto:exams@iussikkim.edu.in)

  
  
**Dr. Rohit Rath**  
Registrar

**APPLICATION FOR THE SPECIAL SUPPLEMENTARY EXAMINATION FOR UG & PG:  
AUGUST 2024**

<p><b>PAYMENT/TRANSACTION DETAILS:</b></p> <p>.....</p> <p>.....</p>
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<p><b>Name:</b> .....</p> <p><b>Enrollment No.</b>.....</p> <p><b>Program</b> .....</p> <p><b>Batch</b> .....</p> <p><b>E-mail</b> .....</p> <p><b>Phone No</b> .....</p>
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To  
The Examination Coordinator  
The ICFAI University, Sikkim

Dear Sir,

I wish to exercise my option to write Supplementary Examination for the following course:

SL NO.	COURSE CODE	COURSE TITLE	SEMESTER	EXISTING GRADE IN COURSE

I am aware of the rules governing the Minimum Academic Requirements and would abide by them.

Date :

Signature of the student

**For office use only**

**Amount:**.....

**Signature**