



ଓଡ଼ିଶା ବୈଷୟିକ ଓ ଗବେଷଣା ବିଶ୍ୱବିଦ୍ୟାଳୟ
ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar - 751 029

Ref. No.: 1312 /ACD

Dated: 16.04.2025

NOTICE

***Compensatory Mid-Semester Examination
4th and 6th Semester UG Students***

The eligible students of 4th and 6th Semester of UG Programs, those who intend to appear the Compensatory Mid-Semester Examination as per prevailing provisions of the Academic Regulations, are required to apply in the prescribed format attached herewith through their respective Schools / Departments.

All recommended forms should be submitted in the Academic Section on or before **21.04.2025**.

Achya
16/4/25

Dean, Academic Affairs



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ODISHA UNIVERSITY OF TECHNOLOGY AND RESEARCH
Techno Campus, Mahalaxmi Vihar, Ghatikia, Bhubaneswar - 751 029

APPLICATION FORM FOR COMPENSATORY MID-SEMESTER EXAMINATION

1. Name of the Applicant:
2. (a) Registration No.: (b) School/Department:
(c) Programme (B. Tech./B. Arch./B. Plan/Int. M. Sc./2 YR M. Sc./MCA/M. Tech.)
3. (a) Semester: (b) Section (if any):
(c) Contact No. of Applicant: (d) Email ID:
(e) Contact No. of Parent:
4. Mark against the Clause of Academic Regulation (8.e) for not appearing the Mid-Semester Examination (Supporting Documents are to be attached as noted below):
(a) Family Calamity (Death in a Family)
(b) Illness leading to Hospitalization:
(c) Participation in Sports/Cultural/Other official (like Placement activities)/Academic Assignment in the interest of the University
5. Name and Code of the Subjects
(In which the applicant want to appear Compensatory Mid-Semester Examination)

Sl. No.	Name of the Subject	Subject Code	Date of Mid-Semester Examination notified for the subject
1			
2			
3			
4			
5			

6. List of supporting documents enclosed to substantiate the clause for Compensatory Mid-Semester Examination (as mentioned in 5 above)
 - (i)
 - (ii)
 - (iii)

(Full Signature of the Student)

(All recommended cases should reach the Academic Section within Five days from the issue of Notice)

Letter No.:

Dated:

Forwarded & Recommended

Signature of Concerned HOS/HOD with Official Seal