



University of Engineering and Technology Taxila

Electrical Engineering Department

APPLICATION FORM – Departmental Semester Committee

1. Application Type *(Tick appropriate options.)*

<input type="checkbox"/>	Retake of Mid Semester Exam
<input type="checkbox"/>	Award of 'I' Grade
<input type="checkbox"/>	Freezing of Semester

<input type="checkbox"/>	Relegation to Lower Semester
<input type="checkbox"/>	Migration Case
<input type="checkbox"/>	Other _____

2. Personal Details

Name			
Father's Name			
Registration No.			
Session		Current Semester	
Address			
Mobile Number Personal		Mobile Number Guardians	

3. Reason

Signature of Applicant _____

Attach required documents and credentials with this application

1	
2	
3	
4	
5	

Receiving Official _____