

# UNIVERSITY SCHOOL OF BIOTECHNOLOGY

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

SECTOR 16 C, DWARKA, NEW DELHI-110078.

## USBT CLASS TEST REAPPEAR FORM

Name of the student: \_\_\_\_\_

Enrolment No.: \_\_\_\_\_

Programme: \_\_\_\_\_

Semester in which presently studying: \_\_\_\_\_

List of subjects in which the student(s) wishes to reappear in minor exam.

Sl.No.	Subject Name	Subject code	Semester

As per my knowledge & belief the internal marks obtained by me is less than 40% in which I wish to reappear in minor exam

Signature of student with date: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-mail ID: \_\_\_\_\_