

UNIVERSITY SCHOOL OF BIOTECHNOLOGY

Guru Gobind Singh Indraprastha University Sector 16C, Dwarka, New Delhi-110078

F. No. GGSIPU/USBT/Class Test/2024-25/

Dated: 03.03.2025

NOTICE -CLASS TEST

The Class Test for B.Tech (2nd, 4th & 6th semester), M.Tech (2nd, semester) students of University School Biotechnology (USBT) students will be held from 17th March 2025 onwards. In case students of any other semester of B.Tech/M.Tech wish to reappear in any of the above examinations, he/she should fill the enclosed reappear form and submit in USBT office in person or via email latest by 10th March 2025 (Monday). The email for submission of the form is examusbt@ipu.ac.in

Prof. Ranjith Kumar C.T In-charge ClassTest, USBT

Prof. Nimisha Sharma In-charge ClassTest, USBT Prof. Promila Gupta Dean, USBT

Copy for information & necessary action to:

- 1. Dean, USBAS for information & necessary action.
- Dean, USEM for information & necessary action. 2.
- Dean, USHSS for information & necessary action. 3.
- Dean, USCT for information & necessary action. 4.
- All Faculty USBT for information & necessary action. 5.
- B.Tech(BT), M.Tech(BT)/(IBT)/(FPT) students for information & necessary action. 6. 7.
- Incharge (UITS) Branch with the request to upload on University website.
- 8. USBT Notice Board.

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: | en di partera | |
|-----------------|---------------------------------|---|--------------------------------|
| Enrolment No | o.: | | |
| Programme:_ | | | |
| Semester in v | vhich presently studying: | Name of the State | |
| | | | |
| List of subject | ts in which the student(s) wish | nes to reappear in minor exa | ım. |
| | | | |
| Sl.No. | Subject Name | Subject code | Semester |
| | | | |
| | | | |
| | | | 1 |
| | | | |
| As per my kn | owledge & belief the internal | marks obtained by me is les | s than 40% in which I wish to |
| reappear in n | ninor exam | , | o than 1070 in Winch i Wish to |
| | | | |
| C: | | | |
| Signature of | student with date: | | |
| Mobile No:_ | | | |
| E-mail ID: | | | |