INSTITUTE OF AERONAUTICAL ENGINEERING



(Autonomous)

Dundigal - 500 043, Hyderabad, Telangana

APPLICATION FORM FOR GRANT OF CONDONATION

| 1. | Name of the student | | | | | | | |
|-------|--|--------------|------------|-----------|------------|----------|-----------|----------|
| 2. | Roll number of the student | | | | | | | |
| 3. | Name of the Program | | | | | | | |
| 4. | Branch / Specialization | | | | | | | |
| 5. | Year & Semester in which condonation is required : | | | | | | | |
| 6. | Reasons for availing condonation | | | | | | | |
| 7. | Proof of evidence enclosed (Medical Certificate for Govt. Doctor, not less than the rank of Civil Assistant Surgeon) | | | | | YES / NO | | |
| 8. | Number of times condonation is utilized : | | | | | | | |
| 9. | Details of the Condonation already availed : | | | | | | | |
| | T | II | III | IV | V | VI | VII | VIII |
| | Semester | Semester | Semester | Semester | Semester | Semester | Semester | Semester |
| 10. | Pagamman | dations of L | IOD. DEC | OMMENDE | D / NOT DE | COMMEND | ED. | |
| 10. | Recommendations of HOD: RECOMMENDED / NOT RECOMMENDED | | | | | | | |
| | If Recommended, Reason (s): SIGNATURE OF HOD | | | | | | | |
| 11. | Recommendations of Principal: RECOMMENDED / NOT RECOMMENDED | | | | | | | |
| | If Recommended, Reason (s): | | | | | | | |
| | | | | | | SIGNAT | TURE OF P | RINCIPAL |
| Date: | | | | | | | | |
| | | | | | | SIGN | ATURE OF | STUDENT |
| | | | FOR C | OFFICE US | SE ONLY | | | |
| Medic | al Certificate | e: Enclosed | / Not Encl | osed | | | | |

Date:

Recommendations of COE: Recommended / Not Recommended

Number of Times Condonation Availed: