

DEPARTMENT OF APPLIED PSYCHOLOGY

APPLICATION FORM FOR DATESHEET CLASH

Date of Application: _____

Student Particulars:

| S. No. | Particulars | Details |
|--------|---------------------------------|---------|
| 1. | Student Name | |
| 2. | Program (BS/ADCP/PG) | |
| 3. | Shift (Mor/Eve) | |
| 4. | Semester & Section (Registered) | |
| 5. | Semester & Section (Repeating) | |
| 6. | Registration No./System ID | |
| 7. | Roll No. | |
| 8. | Exam Term (Mid/Final) | |

Details of concerned courses:

| S. No. | Date of Exams (as per date sheet) | Course Title | Course Instructor | Semester |
|--------|-----------------------------------|--------------|-------------------|----------|
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Note: Attach copy of date sheet with clashes highlighted as proof. Form must be submitted by given deadline.

Signature of Student

Superintendent Exams: