



**APPLICATION FOR SUPPLEMENTARY / IMPROVEMENT
EXAMINATION**

Date: .../..... /

To.
The Dean, Examination
Jagan Institute of Management Studies
Sector-5, Rohini, Delhi- 110085

Sir,
I want to appear for the Supplementary / Improvement Examination in the following
Subject (Courses)

S.No.	Course Name	Trimester	Date of Examination

I am aware that in case of improvement examination, my final (last) evaluation would be considered for the result and earlier marks would be cancelled.

Thanking you,
Yours faithfully,

Name:

Roll No.

Program:

Mob No.

Email: ID

Fee Receipt No.:

Dated: