

VIVEKANANDA GLOBAL UNIVERSITY, JAIPUR



(Established by Act 11/2012 of Rajasthan Govt. Covered u/s 2(f) of UGC Act, 1956)

VGU/2023-24/ 9561

17.01.2024

NOTICE Mercy/Special Examination for Passed Out Students

The passed out students in different programs who have exhausted all chances to clear their backlogs are being provided a mercy chance by the university.

The mercy exam is scheduled to be held from mid of February, 2024. The exam form for mercy chance attempt is attached with this notice and can also be downloaded from VGU website. Mercy Examination form duly filled by the passed out students can be sent on email Id mercyexam@vgu.ac.in latest by 1st February, 2024 along with proof of submission of prescribed exam fee. After this date the email Id will be closed and no further exam form will be entertained.

This mercy chance will be the last and final chance for passed out students to clear their backlogs and so they must ensure that they fill all their backlogs in the mercy exam form. These students may also ensure that they also apply for Internal Improvement, if they have not cleared the same. For assistance, student can contact Mr. Faili Ram Meena on 9829297105.

Mercy Exam fee is as follows and can be paid Online in Axis Bank Account No. 921010054847627:

Mercy Exam fee

- Rs. 2500 per course

• Internal Assessment Improvement fee

- Rs. 500 per course

Deans/ HODs/ faculty members are requested to disseminate the information amongst concerned students.

(Dr. Praveen Choudhry Registrar

Encl.: as stated

Copy to: President / CF&AO /Director, FOM/All Deans & Associate Deans/ COE/ All HODs /All Faculty & Staff members /ERP Cell /Accounts Section/Student Cell /Notice Boards/Office File



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Examination Form

Special (Mercy) Back Examination February, 2024

NAI	ME OF EXAMIN	NATION: Special (Mercy) Back Examination		
		February, 2024		РНОТО
PROGRAMMI	E:			
BRANCH:				* * * * * * * * * * * * * * * * * * *
ENROLLMENT NO				e ser
NAME OF STUDENT:				Signature of Student
FATHER'S NAME: (IN CAPITAL ONLY)			s)	
MOTHER'S NAME: (IN CAPITAL ONLY)				: 7
Mobile No. (Personal):Landline/Mobile No. of parent/guardian:				6 <u></u>
E mail Id:(IN CAPITAL ONLY)				
Exam fee receipt No Amount in Rs Date of Receipt				
Zikum 100 100				
Semester	Back Course Code	Rock Course Name	nternal Back	Internal Assessment Improvement (Mark Yes/No if required)
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