Rajiv Gandhi University of Science and Technology
Application for Exit Examination

<div style="background-color:green;color:white;text-align:center;font-weight:bold">STUDENT INFORMATION</div>

Date of Commencement: _____   Registration#_____

Current Status: _____

Student Name:

_____
First   Middle   Surname

Address:

_____

Contact Details:

_____
Home#:   Mobile #:   E-mail

<div style="background-color:green;color:white;text-align:center;font-weight:bold">STUDENT REQUEST DETAILS</div>

I ………………………………………., is hereby requesting the administration of Rajiv Gandhi University of Science and Technology to grant me the opportunity to write exit examination:

Option: ☐ February / March   ☐ July / August

   1. Internal Medicine   2. Family Medicine   3. Psychiatry

   4. OBGYN   5. General Surgery   6. Pediatrics

_____   _____

Student Signature   **Date**

<div style="background-color:green;color:white;text-align:center;font-weight:bold">FOR OFFICIAL USE ONLY</div>

This student has fulfilled his/her financial obligation and has been ☐ **Approved** ☐ **Not Approved**

to write the examination/s being requested.

Remarks: _____

_____

_____   _____

Office of the Registrar   **Date**