



Gujarat National Law University, Gandhinagar

Application Form for Exemption(s)
 Exam, Medical, Other

Batch :		Reg. No. :		
Name of Student :				
Semester :				
Contact No. :				
E-mail ID:				
Duration:	From:		To:	

Sr. No	Subject/s :	Total Class
1		
2		
3		
4		
5		
6		

Student's Signature

Remarks: _____

Section Officer-Examination

Examination Committee