

MUMBAI CITY OPEN UNIVERSITY

Maharashtra Govt.

FOR GAP FORM

Student details

Roll no :-

Name :-

Stream :-

Year :-

To,
Central office,
Bhandup(w), Mumbai-78.

Subject :- _____
(Only once gap is valid)

Respected Sir/ Madam,

I the above mentioned student cannot attend the ____ of ____ 201
exam as I am _____.

So please grant me the permission to attend the exam in _____.
I am myself responsible for the gap of _____ days. And also accept the next
exam of _____ in _____ 201

Waiting for your reply,

Thanking you,

Yours truly

Exam controller

Stamp

()