



**OFFICE OF THE CONTROLLER OF EXAMINATIONS**  
**MANIPUR TECHNICAL UNIVERSITY, IMPHAL**

(A University established under the Manipur Technical University Act, 2016)

Recognised by UGC under Section 2(f) and Section 22 of UGC Act, 1956

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## **NOTIFICATION**

Imphal the 29<sup>th</sup> December, 2025

No.1/3/EXAM/ED/MTU-2018: In pursuance to the Proceedings of the Examination Sub-Committee meeting held on 26/12/2025, it is hereby informed to all concerned that the prescribed form for End Term Make – up Examination December, 2025 for B.Tech & MBA can be collected from the office of the undersigned or downloaded from the website of the University.

2. An Examination fee of Rs.250 per course for B.Tech and Rs.350 per course for MBA shall be paid via UPI No. eazypay.ntb1100089368@icici.

3. Duly filled up Make - up Examination form shall be submitted to the office of the undersigned latest by 6<sup>th</sup> January, 2026.

4. This is issued with the approval of Competent Authority.

*Huidrom Rully* 29/12/2025  
(Dr. Huidrom Rully)

Asst. Controller of Examinations  
Manipur Technical University, Imphal

**Copy To:**

1. P.S. to the Vice Chancellor, Manipur Technical University. (for kind information)
2. Registrar, Manipur Technical University.
3. All HoDs. (for kind circulation to all concerned)
- ✓ 4. Web Admin. (for uploading in the University Website)
5. Notice Board.
6. Guard File.

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**APPLICATION FORM FOR MAKE - UP EXAMINATION**

Applying for: Mid Term Make - up Examination ☐ End Term Make - up Examination ☐  
(Month & Year of Examination) .....

1. Name of the Candidate: .....  
 2. Program: .....  
 3. Present Semester ..... 4. Group/Dept. (if any) .....  
 5. Registration no. .... 6. Gender: Male/Female .....  
 7. Contact No. ....  
 8. Name of the Course(s) :

Sl No.	Semester	Course Code	Name of the Course	Date of missed Exam	Approval of Concerned Faculty

**Reasons for Absence in the Exam: (Enclose relevant documents)**

- ☐ Illness / Health Issues .....
- ☐ Family Emergency /Issues .....
- ☐ Authorized activities/ Representing University ( Specify) .....

Student's Signature: \_\_\_\_\_ Guardian's Signature: \_\_\_\_\_

**Approval from Concerned Department (\*)**

Head of Department's Signature & Date with seal: \_\_\_\_\_

Department of : \_\_\_\_\_

**Controller's Office**

Authorized Signature, Name \_\_\_\_\_ Date \_\_\_\_\_