



G.S. Mandal's

MAHARASHTRA INSTITUTE OF TECHNOLOGY, CHHATRAPATI SAMBHAJINAGAR

(An Autonomous Institute, Accredited with Grade 'A' by NAAC)

Gate No.5, MIT Campus, Beed Bypass, Satara Village Road, Chhatrapati Sambhajinagar (MH),

Phone No:0240-2375354,2375245,2375247,2375218 E-mail:examcell.mitt@mit.asia;

Website:www.btech.mit.asia

Examination Cell

Ref.No.MITA/EXAMCELL/2024/ 206/

Date:24/01/2025

NOTICE FOR GRADE IMPROVEMENT

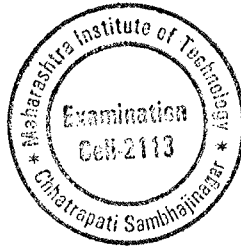
This is for the information of all the candidates who are otherwise eligible for the award of a degree but are interested in improving their academic grades through division improvement as per Academic Regulation-21 Ordinance 3007, that they shall submit their requests as per the enclosed format. The candidates may note that they can appear in a maximum of 03 papers in **the Grade Improvement Examination**. Further, the students who have appeared in such examination previously shall not be eligible to apply.

- Fee payable for each course is Rs. 1000 (Rs. One thousand only).

The schedule to fill the request form (Examination Form) is as follows:

Fee Payable for Grade Improvement

Examination Registration	Start Date	End Date
Without late fee	22/02/2025	28/02/2025
With late fee of Rs.(1000/- + Rs. 100/- per day)	01/03/2025	05/03/2025
With late fee of Rs.5000/- +Rs. 100/- per day	06/03/2025	16/03/2025



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Examinations & Evaluation



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Examination Cell

APPLICATION FOR GRADE IMPROVEMENT

Receipt No..... Amount.....

Date:

1) Personal Details:

A) Full Name:.....

B) Correspondence Address:.....

C) Email ID..... Contact No.....

D) Date of Birth(In Ward.....)

2) Details of previous examination:

Name of Examination	Seat Number	Month & Year	Result	Obtained Grade

3) Courses in which candidate is to be improved.

Sr No.	Course	Course Code No.	Theory Course Title
01			
02			
03			

Undertaking

I hereby give an undertaking that, I am eligible for **Grade Improved** examination. I have also enclosed the required documents (photocopy of final year examination) in support of my claims. The information given by me is correct and complete to the best of my knowledge and belief. I am aware that the institute may cancel my performance to the examination, if the given information is found to be incorrect.

Place:

Date

Signature of Candidate

Head of Department.

To,

THE DEAN,

MAHARASHTRA INSTITUTE OF TECHNOLOGY,

CHHATRAPATI SAMBHAJINAGAR,

SATARA VILLAGE ROAD,