T. K. M. COLLEGE OF ENGINEERING, KOLLAM – 691005

REQUEST FOR RETEST

1. Name of the student:			Class:	Roll No:	
2 Dota	ils of Course (s):				
2. Deta	Name of the Course	Reason for Absence		Name of Faculty-in-Charge	
31. 110.	Name of the Course	Reason for A	bsence	ivalile of Faculty-III-Charge	
action/malpractice for the internal exams of the above said courses? (If yes, give details): 4. Have you informed the reason for your absence for the above said tests before the end of the exam session in visible form (such as Letter, Email/SMS) to the Sr. Advisor? If yes, give the date and mode of communication: Please grant me permission to write retest for the above said course(s), as per the regulations of the college.					
			gnature): me:		
 5. Verified the item 3 and found that the information is correct: (Name and Signature of the Officer-in-Charge, Exam Cell, with date): 6. Verified the item 4 and the data given are correct/ incorrect: I recommend/do not recommend (include remarks) the student for retest for the above requested courses as per the guidelines of the college: (Name and Signature of Senior Advisor, with date): 					
7. Permission by HoD to conduct retest:					

Note: Student has to submit a copy of this sheet to the faculty-in-charge of the course. The faculty must keep the copy in the course file.