

COLLEGE OF ENGINEERING MUNNAR

APPLICATION FOR RETEST

Name of Student :

Roll No :

Semester and Branch :

Subject (s) applied for :

Reason for Retest :

Whether medical certificate attached ? : Y/N

Whether the matter has been intimated to the Tutor/HoD in advance ? :

Signature of Applicant

Initials from the faculty member handling the subject(s) applied for

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Academic and attendance background of the student :
(To be filled by Tutor)

Recommendation of Tutor :

Recommendation of the HoD :

Signature
(Chairman – Exams)