

Application for Retest/Improvement test /Revaluation/Scrutiny

To:-

The Head of the Department
Department of
Pavanatma College Murickassery

Name of the student:-

Programme of study:-

Year of study:-

Class Number:-

Semester of study:-

Course/Subject :-

Application for Retest Improvement Test
 Revaluation Scrutiny

Component: First Assessment Test Second Assessment Test
 Assignment Evaluation Laboratory Record Evaluation
 Seminar Evaluation Project Report Evaluation

Date:

Signature of the student

Recommendation of HOD Recommend Rejected.

Final Decision of the FIC Rectified Rejected.

Signature of FIC.

Signature of HOD.

