

APPLICATION FORM FOR RETEST(S)

From

Name :

Reg. No.:

Dept :

Class : Section:

To

Rev. Fr Principal

St. Joseph's College (Autonomous),
TIRUCHIRAPPALLI – 620 002.

Respected Rev. Father,

I bring it to your kind notice that I could not write the following test(s) during MID /
END Semester:

S.No.	Title of the Course	Test Date & Time	Staff Signature
1			
2			
3			
4			
5			
6			

due to * from to

Kindly permit me to take up the re-test(s) on the title(s) mentioned above at the earliest.
I hereby assure you that I will write the test(s) according to the stipulations scheduled.

Thanking you,

Yours sincerely,

Date: / /20 .

*** Attach a photo copy of Doctor's Certificate / Attendance Certificate of the programme attended**

For the Official's use only

Hereby I forward the request to take necessary action on the above issue.

Signature of the HoD

Mentor's Signature

Principal