



SREE CHITRA THIRUNAL COLLEGE OF ENGINEERING
PAPPANAMCODE, THIRUVANANTHAPURAM-695018

APPLICATION FOR RE-TEST

1.	Name of the Student (in capital letters)				
2.	Semester	Branch	Class	Roll Number	Test 1 or Test 2
3.	Date of Series test on which you could not appear				
4.	Reason for not attending the internal examination as per schedule? – Furnish specific reasons with valid documents/Medical Certificates.				

DECLARATION

I do hereby declare that all the information submitted by me in the Application for Re-test is true and correct. If any information is found false at a later stage, I am aware that disciplinary actions shall be taken against me as per the norms of the College and the test, if I appeared, shall be cancelled.

Date: _____

Signature of the Student _____

Sl. No	Subjects	Whether the candidate has obtained prior permission from (YES/NO)			Recommendation and Signature of		
		Faculty	Staff Advisor	HOD	Faculty	Staff Advisor	HOD
1.							
2.							
3.							
4.							
5.							
6.							

Remarks by Staff Advisor/HOD:

Recommendation of Dean/Principal	Permitted/Not permitted
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