

RAJAGIRI COLLEGE

OF MANAGEMENT & APPLIED SCIENCES

APPLICATION FOR RETEST

Name of Student :

Programme : BBA B.Com BCA B.A. M.Com

Year/Semester : I II III IV V VI

Name of Examination :

Date of Examination :

Date of Application :

Reason for Absence :

Signature of the Student :

Signature Of Parent/Guardian/Warden:

Recommended by : (Signature of the Batch Co-ordinator)

Subject/s with initials of the concerned faculty/s :

1. [sd/-] 2. [sd/-]

3. [sd/-] 4. [sd/-]

5. [sd/-] 6. [sd/-]

Amount paid : (Signature of Accountant)

Approved by : (Signature of HOD)

FOR OFFICE USE ONLY
APPLICATION FOR RETEST

Appl. No. RT.....

Name of Student : Programme.....

Year / Semester Name of Exam.

Subject/s 1..... 2 3

4 5 6

Date/s of retest 1)..... 2) 3)4)5)6)

Signature of HOD