APPLICATION FOR RETEST

Name:		Reg. No.:		
Dept:			Class:	
To				
St. Xav	. Principal ier's College (Autonomous) nkottai - 627002			
Respec	ted Fr. Principal,			
I was	not able to write the follow	wing papers in F	First / Second CIA	Test due to medical
reasons	onduty. Kindly permit me to	appear for Retest.		
S. No.	Title of the Paper	Code	Test Date & Time	Staff Signature
			l	
Date: Signature of the Student Signature of the Parent				
Signatu	re of the HoD / Coordinator	S	Signature of the Prin	ncipal / Deputy Principal

- 1. Retest should be conducted within ten days from the last day of the first internal test and before the CIA publication for the second internal test.
- 2. Onduty Certificate / Medical Certificate should be attached.