

APPLICATION FOR RETEST

Name :

Reg. No.:

Dept :

Class :

To

Rev. Fr. Principal
St. Xavier's College (Autonomous)
Palayamkottai—627002

Respected Father,

I was not able to write the following papers in First / Second Internal Test due to medical reasons/OD. Kindly permit me to appear for Retest.

S. No.	Title of the Paper	Code	Test Date & Time	Staff Signature

Date:

Signature of the Student

Signature of the Parent

Signature of the HoD / Coordinator:

Signature of the Principal / 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. OD Certificate / Medical Certificate should be attached.