



**OFFICE OF THE CONTROLLER OF EXAMINATIONS
BISHOP HEBER COLLEGE (AUTONOMOUS)**

(Nationally Reaccredited at the A⁺ Level by NAAC)
(Recognized by UGC as “College with Potential for Excellence“)

TIRUCHIRAPPALLI – 17

PROFORMA FOR RETEST

1. Name of the Candidate:.....
2. Class and Year:
3. Reason :.....
4. Details of Internal Test I / II

Sl.No.	Courses	Dates

HOD / Coordinator

Part – V - Incharge
(If Applicable)

PRINCIPAL

He /She is permitted to appear for Retest.

Date of Retest will be announced by the concerned Head of the Department & the mark statement has to be sent to the COE’s Office, with in a week.

Signature of the COE