



**OFFICE OF THE CONTROLLER OF EXAMINATIONS
BISHOP HEBER COLLEGE (AUTONOMOUS)
TIRUCHIRAPPALLI – 17**

PROFORMA FOR RETEST

1. Name of the Candidate:.....
2. Registration Number.....Dept & Year:.....
3. Reason:.....
4. Details of Internal Test - I

Sl.No.	Courses	Dates

HOD / CO-ORDINATOR

PRINCIPAL / VICE 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