



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

PROFORMA FOR RESCHEDULING EXAMINATIONS

1. Name of the Candidate :
2. Class and Year :
3. Participating Event :
4. Date of Participation :
5. Place of Event :

Date	Session	Course Title	Course Code

Coordinator

Head of the Department

PRINCIPAL

COE OFFICE ONLY

Re - Schedule Dates:

Date	Session	Course Title	Course Code

Signature of the COE