



OFFICE OF THE CONTROLLER OF EXAMINATIONS
BISHOP HEBER COLLEGE (AUTONOMOUS)
Tiruchirappalli – 620 017

PROFORMA FOR RETEST

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

Sl.No.	Title of the Course	Course Code
1.		
2.		
3.		
4.		
5.		

HOD / CO-ORDINATOR

PRINCIPAL/VICE PRINCIPAL

COE Office

He /She is permitted to appear for Retest.Date of Retest will be announced by the concerned Head of the Department.The markStatement has to be sent to the COE's Office, with in a week.

Date:

Controller of Examinations