K. J. Somaiya College of Engineering, Mumbai-77 (Autonomous College Affiliated to University of Mumbai)

Permission for Re-test

Name

of the

Roll No. Branch COMP/ETRX/EXTC/IT/MECH/ Email: MECH(EE)/MECH(CC)

student	nt		Eman.		MECH(EE)/MECH(
UG/PG	Class	FY/SY/TY/LY B. Tech/M. Tech	Sem. / Div. for UG	I/II/III/IV/V/VI/VII/ VIII For UG - A/B	Test 1/ Test 2	
Na	me and cod	le of the course	Name of the theory teacher			
	Reason f	or not able to attend t	he test (Add do	cument proof if necessar	ry/wherever applicable):	
	Date of submission of form: Signat				Signature of the student	
	Date of meeting of DEC in which the application was put up:					
	Recommendations of DEC:					
	Re-test to be conducted / will not be conducted Day/date/time of re-test:					
	Day/date	filme of re-test:				
	Signature	Signature of DEC in-charge with date:				
	Signature	Signature of HOD with date:				

Principal COE**EC Chairman**