



Application for Improvement of Internal Assessment Marks

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- | | |
|------------------------|---------------------|
| 1. Name of the student | 2. E – Mail id |
| 3. Semester /Year | 4. Degree |
| 5. Academic year | 6. Department |
| 7. Mobile No | 8. Registration No. |
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Course for which the student is applying to improve the Internal Assessment Marks

Sl.No	Semester	Course Code	Course Title	Present Internal Marks
1.				
2.				
3.				
4.				
5.				
6.				
7.				

The students who wish to attend the classes for the courses shall pay Rs. 5000/- per course. The payment of fee is optional.

No. of courses	Amount Remitted	Cash Receipt No	Remittance Date

Signature of Student

Date

Class Teacher Signature

IIC Coordinator

HoD Signature