

**APPLICATION FOR OPTIONAL TEST**

Date: \_\_\_\_\_

(Mandatory Form for Students who were absent for Continuous Internal Assessment Test-CIAT)

Roll. No.		Name	
Semester & Section		Branch	B.E/B.Tech/ M.E/ MBA
Optional Test for	<input type="checkbox"/> CIAT I (or) <input type="checkbox"/> CIAT II	Reason for Absence	<input type="checkbox"/> Medical Reasons <input type="checkbox"/> Participation in Sports (College/University/State/National/International) <input type="checkbox"/> Internship <input type="checkbox"/> NSS <input type="checkbox"/> NCC <input type="checkbox"/> Personal
Attached Certificate	Medical Certificate / Sports Certificate/ Internship Certificate/ NSS / NCC		
Signature of the Student		Recommendation by Chief Mentor	
Approval by HoD		Approval by Principal	

*\*Note: Kindly provide the details of the subjects (P.T.O)*

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*\*Note: Kindly provide the details of the subjects (P.T.O)*

Details of course code and name for which optional test is sought:			
S. No	Course Code	Course Name	Name & Signature of the Course Instructor
1			
2			
3			
4			
5			
6			
7			
8			
9			
Total No. of Subjects			

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