



NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI – 620 015

OFFICE OF THE DEAN (ACADEMIC)

APPLICATION FOR RETEST (B.Tech. / M.Tech.)

Name	:	
Degree	:	B.Tech. / M.Tech.
Department	:	
Specialization	:	
Roll No.	:	
Semester	:	
Reason for Retest (Medical Certificate should be enclosed)	:	

RETEST TO BE WRITTEN

S. No	Course Code	Title of the Course

Signature of the Student

Date :

Head of the Department