

NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI – 15
OFFICE OF THE FIRST YEAR CO – ORDINATOR

Registration for Reassessment Test for I / II Semester Subjects

From:

Roll No:

Name:

Dept/Sec:

To:

**The First Year Coordinator,
National Institute of Technology, Trichy.**

Respected Sir,

**I have earned ____ (X / F) grade in _____
(Subject code & Title), and I would like to write Reassessment test for successful
completion of the course in the month of _____ (Month & Year).**

Date:

Yours Sincerely