



Registration for Reassessment Test for I / II Semester Courses

From

Roll No : _____

Name : _____

Dept. / Sec : _____

To

The First Year Coordinator,
National Institute of Technology, Tiruchirappalli.

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