Form II-A Remedial Test Approval Form

Year & Department: **Remedial: I / II / III**

S. No	Date:			Date:			Date:			Date:			Date:			Date:		
	Subject 1:			Subject 2:			Subject 3:			Subject 4:			Subject 5:			Subject 6:		
	Name	I	R	Name	I	R	Name	I	R	Name	I	R	Name	I	R	Name	I	R

Class Advisor Remedial In-Charge HOD PRINCIPAL