



St.JOSEPH'S INSTITUTE OF TECHNOLOGY
(St.JOSEPH'S GROUP OF INSTITUTIONS)
OMR, CHENNAI - 600 119

No-Due Form (2024-2025)

| Personal Details | | | | | | |
|------------------|-------------------|--|----------------|-----------|--------------------------------|-----------------|
| Name: | JASWANT BAALAJI R | | Course Branch: | | BTECH - Information Technology | |
| Roll No: | 22IT1128 | | Reg No: | | 312422205049 | |
| Academic Details | | | | | | |
| S.No | Subject Code | Subject Name | Model - 1 | Model - 2 | Model - 3 | Staff Signature |
| 1 | CS4515 | IoT Essentials | 80 | 71 | | |
| 2 | IT4651 | Big Data Analytics | 53 | 71 | | |
| 3 | IT4653 | Deep Learning | 67 | 74 | | |
| 4 | MX4006 | History of Science and Technology in India | | | | |
| 5 | OMB413 | Digital Marketing | 75 | 77 | | |
| 6 | OMB416 | Entrepreneurship Skill Development | 77 | 74 | | |

For Arrear Papers

| S.No | Subject Name | Semester | No. of Attempts | Book Bank | QB Printout | Class Notes | Portal Notes | Solved Answer | Remarks | Staff Signature |
|------|--------------|----------|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|-----------------|
| 1 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

Details of Arrears and GPA

| Semester 1 | Semester 2 | Semester 3 | Semester 4 | Semester 5 | Semester 6 | Semester 7 | Semester 8 | CGPA |
|---------------------------|------------|------------|------------|------------|------------|------------|------------|------|
| | | | | | | | | |
| GPA if cleared all papers | | | | | | | | |
| No. of Arrears | | | | | | | | |

Counsellor Signature

H.O.D Signature