



**SAFI INSTITUTE OF ADVANCED STUDY, VAZHAYUR  
INTERNAL EXAMINATION COMMITTEE (IEC)  
RESIT APPLICATION FORM (2023-2024)**

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1. Name of the candidate : \_\_\_\_\_
2. Class and semester : \_\_\_\_\_
3. Roll number of the student : \_\_\_\_\_
4. Date of Application : \_\_\_\_\_
5. Reason for resit : \_\_\_\_\_
6. Medical certificate submitted : YES / NO  
in case of medical emergency : (If yes, attach the copy)
7. List of examinations for resit

Sl no	Name of the Paper	Teacher in charge (Name & Sign)
1		
2		
3		
4		
5		
6		

8. Name and Signature of advisor : \_\_\_\_\_

9. Name and signature of HoD : \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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Signature of the IEC Convenor : \_\_\_\_\_

Signature of the Principal : \_\_\_\_\_