REQUEST FOR WAIVER OF GENERAL TEST FOR M.Sc (Engg) STUDENTS (To be filled in by Student)

Name of the Student	:					
S.R. Number	:				 	
Department	:					
Date of Joining	:					
Date of completion of RTP	:					
Overall Credits / CGPA	:					
LIST OF COURSES TAKEN	AS PART OF RT	<u> P</u>				
COURS C E NUMBE R	OURSE TITLE		TERM	CREDIT S	GRADE	
I request waiver of General T	est as I have sed	cured a CGF	PA of	with	cred	its.
Date:				Signature o	f the Stud	ent
Forwarded, w/c to : The Chairman, SCRC						
We recommend the request	of the above stud	lent for waive	r of Gene	eral Test. ($$)		
We don't recommend the rec	quest of the abov	e student for	waiver of	General Te	st (√)	
1						
2						
SIGNATURE OF THE RESE		SIGI	NATURE	OF THE CH	HAIRMAN	

DEPT: