



GOVERNMENT ENGINEERING COLLEGE, KOZHIKODE

No.C3/3414/19/GECKKD

WEST HILL, KOZHIKODE

Ph.No. 0495 2383220

Email:geckkd@uoc.ac.in

Dated 05-09-2019

NOTICE

Sub : **Improvement of Internal Examination August 2019** – Calicut University B Tech 2009 (2012&13 Admission only) and 2014 Regulations- Registration and remittance of Fee- Reg.

Ref : 1.Order No.2726/2019/Admn Dated 21.02.2019 of Calicut University.

The candidates who have been applied for the improvement of Internal Examinations and are eligible for registration are to follow the procedures given below.

1. The duly filled Registration form(available with C3-Examination Section) along with required fee as Examination charges (Rs.1000/- per paper) at the College office.
2. The fee will be collected from **16.09.2019 to 23.09.2019**.
3. A registration form will be available in the office and the duly filled up Registration form along with ID Proof and copy of relevant mark lists should be submitted to the concerned Department Co- ordinator.

LIST OF DEPARTMENT CO-ORDINATORS

Department	Name
Applied Electronics and Instrumentation	Sri.Sunny T D
Civil Engineering	Smt.Sreela P K
Chemical Engineering	Dr.Gigi Sebastian
Electronics and Communication	Sri.Sunny T D
Mecahnical Engineering	Dr.Sajith Babu C

Copy to : 1. HOD (All Dept)


2. Dept. Coordinator concerned

3.Head Accountant (collect the fee and remit the amount in the PD account)

4. Notice Board (Students)

5. The Computer Programmer/System Analyst - to publish in the college website




Principal
Principal
Govt. Engg. College
West Hill, Kozhikode- 673002

GOVERNMENT ENGINEERING COLLEGE, KOZHIKODE

Calicut University B.Tech Improvement of Internal Examinations August 2019

Name of student (in Capital letter)		Photo (to be attested by a member of Teaching staff not below the rank of an Assistant Professor with seal)
Department of study		
Period of study		
Admission No.		
Register No.		
Scheme Applicable		
Permanent Address		
ID No. (Copy of ID)		
Mobile No.		
Email ID		

Subject for internal improvement(Please attach separate sheet if space provided is not adequate)

	Subject Code	Subject Name	Semester	Internal Scored	Maximum External Scored so far
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Signature of the student

FOR DEPARTMENT USE

Verification report and signature of Department co-ordinator

Signature of the HOD

Fee Receipt No.:

Amount Remitted:

Signature of Head Accountant