



**VIMALA COLLEGE (AUTONOMOUS)**  
**Thrissur**

**APPLICATION FOR SPECIAL EXAM**

Name :

Address of the candidate :  
(In block letters)

RegisterNumber :

Mobile Number :

E-mail ID :

Name of the programme :

Semester :

Subject(s):

Sl. No.	Subject Code	Subject Name	Date of Regular Exam
1			
2			
3			
4			
5			
6			

Reason for not attending exam:

Place:

Date:

Name and Signature of the  
Coordinator

Applicant Signature