

2.5.1 Mechanism of internal/external assessment is transparent and the grievance redressal system is timebound and efficient

PROVISION FOR RE-TEST



DEPARTMENT OF ENGLISH

TELEVISION CONTRACTOR

Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Programme B.A Semester Department 11 B.A. English Azjan Swesh Roll No Name of Teacher Name of 10 Prince J Mathew in charge of the Student subject Course Name and Code Issues IA at Makers Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request Due to Could I couldn'at attend the internal exams. So I sequest you to conduct Date: 11/2/2021 Report/Action taken by the Teacher concerned Gnievance was forwaded to the committee. prince Date: 11 2 202) Report/ Action taken by HOD Signature and Name of Teacher in Charge Mr. Prince. J. Mathew, class tutor was assigned duty to conduct the retest and the same was conducted on Signature and Name of HOD 18-02-2021 Date: 20-02-2021 Action taken by Principal Verified Signature and Name of Principal Date: 20-02-2021



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	B.com Jax	Semester	1	Programme	B. com
Name of Student	Dejunissalhees	Roll No	14	Name of Teacher in charge of the subject	Sethulaekshmi Teachea Aparna Teachea
Course Name	and Code		Fine	tune your Engl	ish
Nature of the request Put tick mark (✓)		Retest/ Re	evaluation/Scrutiny/ Ir	nprovement	

Reason for request

I couldn't attend the 1st internal examinatation kindly request to conduct anneq relest forme improvement exam,

Date: 27-09-2023

Signature and Name of Applicant

Report/ Action taken by the Teacher concerned

Retest londucted

Date: 27-09-2023 Report/ Action taken by HOD

selve Aparna Prasad

Signature and Name of Teacher in Charge

Retest- londucted based on his sequest

Derutha Mathew

Signature and Name of HOD

Date: Action taken by Principal

Date: 20-62-202B

Verified

Signature and Name of Principal



ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	English	Semester	1	Programme	BA
Name of Student	Jenitta Justin	Roll No	16	Name of Teacher in charge of the subject	Prince. J. Mathen
Course Name	and Code				
Nature of the request Put tick mark (✓)		Retest/ R	evaluation/Scrutiny/ In	mprovement	

Reason for request

I couldn't attend the internal exams due to health issues. Therefore I request you to kindly give me another chance to write the exam Juite Jenetta Jast in Signature and Name of Applicant Date: 6/2/2020 Report/ Action taken by the Teacher concerned The complaint was forwaded to the commother to tale a suitable decision. prince Date: 6-2-2020 Signature and Name of Teacher in Charge Report/ Action taken by HOD Mr. Prince. J. Mathew was assigned the duty to Conduct the Retest and it was conducted on 18-00 Zhom 13-02-2020 to 19-02-2020 Znom 3:30pm to 4:30 pm Signature and Roby Mather Date: 19-02-2020 Action taken by Principal Verified Date: 20-02-2020 Signature and Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	English	Semester	V	Programme	B.A.
Name of Student	Attul Daniel	Roll No	5	Name of Teacher in charge of the subject	CYRIL C.T.
Course Name			13.A.	Euglish a	py Editor
Nature of the r Put tick mark		-	Retest/ Re	valuation/Scrutiny/ In	nprovement
Reason for requ	uest				
	ent for "Ac	ne the	penni	recion to su	Momit an
arrigum	ent for Ac	is on th	e Rta	ge, as Ico.	uldnot
Submit	the Rame	on the a	given a	tate. Mal - A	4 David
Date: 03/0	0/2019			Signature and Na	me of Applicant
	taken by the Teacher co	ncerned		Signature and Ive	ame of Applicant
At Th	le grievance	forward	led to	the commi	the to
	the necessary				
	Č.			Cypil	¢
Date: 03-/0				Signature and Name o	f Teacher in Charge
Report/ Action					
onh	is request &	egasding	his	failure in	submitting
the a	ssignment, f	thul Da	niel c	vag permitte	d to submit
the s	ame on 04 -2019	betore	- 07-	10 - 2019 (la Roby Mathan
Date: 08 - 10	-2019		07	Signature an	d Name of HOD
Action taken by	Principal	÷	5.	<u>Bigilatare an</u>	
	1	reinford			
Date: 08/10	120219	SEPH'S COL		Signature and	Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	English	Semester	I	Programme	
Name of		D 11 3 7	+		B·A
Student	Blessy Siby	Roll No	I	Name of Teacher in charge of the subject	Roby Mathew
Course Name	and Code		Fine Tu	ine Your Englist	
			1.000	Jour Englist	
Nature of the r	request				
Put tick mark	(🗸)		Retest/ R	evaluation/Scrutiny/ In	nprovement
			<u> </u>		
Reason for requ	lest				
Inorde	o to ensure th	e maroks	given 11	kindly request t	0
	e my answer				
Date: 26-8				Blessy Sibu Signature and N	ame of Applicant
Report/ Action	taken by the Teacher c	oncerned		Signature und 14	and of Applicant
Zorw	asded the	applica	tion 2	som to pre	glievance
20 de	sal Committ	ee, to	love fo	suitable actic	0'
, ucc.	Contraction	10	fall :	suitable actic	ALSID 1
Date: 26-0	8-2019			do Rot	y Mathew
Report/ Action t				Signature and Name of	of Teacher in Charge
The a	nsweh Sheet	of Ble	884 SI	by was he no change , briefed to	evalueed by
MS. Re	sopa Jose a	nel less	0	Chappe	in the
mask	1. The mode of	of your	2 aug	heieted to	her.
Date: 30-08	-2019	ve Vallia	alori wa	do do	Roby Mathen
Action taken by	Principal			Signature an	d Name of HOD
					эх Т
	[100	T.D			
		ified		Ca	aluli
Date: 30-08	2019 (OSEP	4'5			
	151 Fee	S COL		Signature and 1	Name of Principal



ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Programme Semester Department TH BA English Name of Teacher Roll No Roopa Miss Name of Cyvil Wilson in charge of the Student subject Shapers & Destring Course Name and Code Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request Due to cartain health issues I couldn't prepare attend welt to a this internal exam conducted on 31-8-2018. Therefore Kindly conduct a retreat for me Cypil Wilson Gyrd Signature and Name of Applicant Date: 05 9/2018 Report/ Action taken by the Teacher concerned Test paper was conducted an 11/09/2018 The paper was valued and the answer script was shown to the student. Roopa Jose Signature and Name of Teacher in Charge Date: (2)09 2018 Report/Action taken by HOD It was decided to conduct retest Zox Cypil Wilson on his request Signature and Name of HOD Date: 12-09-2018 Action taken by Principal Verified 101 (Signature and Name of Principal Date: 12-09-2018





Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	Commerce	Semester	-	Programme	B. com computer
Name of Student	Manjima Sibi	Roll No	9	Name of Teacher in charge of the subject	Sethu lakhsmimiss Aparna miss
Course Name	and Code	2	Fine	tune. Your E	nglish
Nature of the r Put tick mark			Retest/ Re	evaluation/Scrutiny/ I	mprovement
Reason for requ	lest				
Join the	e college late	$e \cdot 1' c$	uldn'	t, complete	all the
notes.	e college late I could	attend	only	a few clay.	s of classes.
				-	yme.
Date: 26/0				Signature and I	Name of Applicant
Report/ Action	taken by the Teacher co	oncerned			
Fe	inwarded to the	quievonce	lommi	the sothers	- Sethulalshm
Date: 26/9	12023			Signature and Name	e of Teacher in Charge
Report/ Action					
b	Retest conducte	1			
Date: 29/9/				Signature	and Name of HOD
Action taken by	y Principal				
	Ver	ified			
Date: 29/9/	2023 Seris Co			Signature ar	nd Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Application Form

Department	E	Contenter	Т		T
Dopartment	English	Semester		Programme	B·A
Name of Student	B. Nandhana	Roll No	1	Name of Teacher in charge of the subject	Sunitha Miss
Course Name	and Code				_l,
Nature of the 1	request				
Put tick mark	(🗸)		Retest/ R	evaluation/Scrutiny/ In	nprovement
Reason for requ	lest		ļ		
1 reque	st you to kind	ly clari	fu the	XR DOOL Com	ola se da
in my re	corded attend	aneo	ig inc	reason tor	snortage
		ance		alandhana	R Man
Date: 13 / 12				Signature and N	B. Nandhana. ame of Applicant
Report/ Action	taken by the Teacher con	ncerned			
	5			1.00	
	forwarded	to the gen	evance	Committe	
		7		\bigtriangleup	me
Date: 13/12				Signature and Name	of Teacher in Chamate
Report/ Action	taken by HOD				n reacher in Charge
The	Statement to Decembe PRoduceel onel	of affe	ndan	ce dueing	the period
Octobe?	to Decembe	h 10,205	12 22	om the Colleg	re office
was	PRoduced and	Convince	el he	28 00	a la sur le l
Date: 15-12				C C C	ROD-X MOON and
Action taken by	Principal			Signature an	nd Name of HOD
	Verif	ied			
Date: 15/12	12022				
,	DH'S COL			Signature and	Name of Principal
	a rate			2	E

DEPARTMENT OF MANAGEMENT STUDIES

2021-24!

Year Department Semester/ Programme Monagement studies BBM Year Tisha Tomy Name of Roll No Edwin Tomy Name of Teacher Student 713311 in charge of the subject Course Name and Code Managerial Economics Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Low marks in the internal examination for the Eclivin Tomy above paper Date: 12/07/2023 Signature and Name of Applicant Report/ Action taken by the Teacher concerned convinced that the reason for low marks the find Date: 13 7 2023 Report/ Action taken by HOD Signature and Name of Teacher in Charge Appropriate steps were taken by the leachen-in-charge and Indent is satisfied with the action taken Date: 14/7/23 Signature and Name of HOD Action taken by Principal Jeritu Date: Signature and Name of Principal

2022-23

Management Stuclies Department Semester/ Programme TIL BBM Year Name of Anjaly michael Roll No Name of Teacher Joseph George Student 203207 in charge of the subject Course Name and Code GDQDC Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Too Poon Marks rather than I expected. Please give me Monte Mark Sin Anjoty Date: 26/03/2023 Report/ Action taken by the Teacher concerned Signature and Name of Applicant Discussed the matter with Anjaly and proper guidance was given to ber to present answers in the answer sheets to score better marks. My At Date: 20/03/23 Report/ Action taken by HOD Signature and Name of Feacher in Ensured that the student is satisfied with the action taken Date: 20/3/23 Action taken by Principal Signature and Name of HODE Date: Signature and Name of Principal

122-23

Department Semester/year Management Studies Programme I BBM Name of Roll No Name of Teacher Anitha tressa jolly Student 223114 in charge of the Tisha Tomy subject Course Name and Code tinancial Accounting Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement on for request Sin, my answers are write but my bandwriting is poor, igot less Reason for request Mark Date: 08 12 2022 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Advised bee to list out the points for essay questions in the beginning of answers and then go for ouplanation. Date: 9/12/2022 Signature and them of Teacher in Report/Action taken by HOD Signature and Same of Teacher in Charge Discussed with the student and suggested him to write a copy write book claily (2 pages) to improve handwriting Signature and Name of HOD Date: 9 12 22 Action taken by Principal Date: Signature and Name of Principal



Manayement Studier Juthink Rajan Department Semester/ year Programme BBM Year Name of Roll No Name of Teacher 203215 Sharonle Student in charge of the subject 10se Course Name and Code fluman Resource Management Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request mude topic dos the examination and is heaving to study, hence I would not be able to score good marks Jethin le Roejan _ fute Signature and Name of Applicant Date: 21/8/2022 Report/ Action taken by the Teacher concerned Advised the student to be equiled, so as to geasp the topics daily, to avoid but minute preperations. Signature and Name of Teacher in Charge Date: 21/03/2023 Report/ Action taken by HOD Appropriate action taken and the student is satisfied " Joseph hearse Date: 22 03 2013 Signature and Name of HOD Action taken by Principal rem Date: Signature and Name of Principal

2520-21-3

Department	Management 8tudies	Semester / Year	<u> Î1</u>	Programme	BBNO			
Name of Student	Resmi Buxesh	Roll No	1931231	Name of Teacher in charge of the subject	Joseph George			
Course Name	and Code		Financia	1 Accombing				
Nature of the r Put tick mark	•		Retest/ Re	valuation/Scrutiny/ Im	provement			
Reason for req	uest							
Isouespective of the back that i puepared well bose the examination, i got lower mours								
the ex	the examination, i got lower mours							
Date: 25 03 202) Signature and Name of Applicant								
	taken by the Teacher co							
Ket.	est was administere	d with n	ew set of	question paper	and gave			
proper	est was administere instructions to the	z Slove A	nigh wa	oks, for the above	paper			
Date: 2703	2/			Signature and Name	Joseph George of Teacher in Charge			
Report/ Action	taken by HOD				or reacher in charge			
	The vissue a	ras lei	fified	. r				
Date: 27/3/2					nd Name of HOD			
Action taken by				Signature a	nd Name of HOD			
	,h							
	*			El	1			
Date:				Signature and Nar	ne of Principal			



2020-21 (1)

Department	Management Otuclies	Semester/ Year	<u>111</u>	Programme	BBM	
Name of Student	Ancy Geosge	Roll No	183107	Name of Teacher in charge of the subject	Financel Man	
Course Name	and Code		Filsanci	al Maaagement		
Nature of the Put tick mark	•		Retest/ Re	valuation/Scrutiny/ Im	provement	
Reason for rec	quest					
1-09	Minoge Mis	itakes, r	Mark	s noese de	ducted	
anfaisille				A. ath	<i>c.</i>	
Date: 06 [1	0 2020			Signature and Na	ame of Applicant	
Report/ Action	n taken by the Teacher co	oncerned		-		
D	ceided to	revalue.	the a	newer script	liberally	
30	ceided to s as to give t	he eligi	ble m	aeks.	Vale .	
Date: 7	0 20xD.	. ~		Signature and Name of	HA TOMY of Teacher in Charge	
Report/ Action	taken by HOD				<u> </u>	
Discussed cathe the student, and now she is satisfied with the markit scored Date: 9/10/20 Action taken by Principal						
Action taken'b	y Principal					
				El	1	
Date:				Signature and Nan		



Ou line lequest

Semester/ Yeav Department Management Studies Programme Ind year BRM Name of Roll No Name of Teacher Sidharth Rajeev 183134 Student in charge of the Joseph Gleorge subject Course Name and Code Human Resource Management Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement/Submission of Assignment Reason for request Permission for resobmission of Assignment. Sidbarth Rgiee Date: 11/02/2020 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Sidharth was perwilled to Resubusit the assignment once again, as the submitted the assignment, which is not in the prescribed manner which Date: 11/2/2020 Signature and Name of Teacher in Charge Report/ Action taken by HOD Parnission was gented for submitting assignet me again 4. for ee-test. i Rama's Date: Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal

2619-200

Department Management studies Semester/ Programme III BBM Year Name of Roll No Name of Teacher Tisha Tomy Anjana K.S Student 173209 in charge of the subject Course Name and Code Finamine Homegant Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Misinterpretation of answers which resulted in low marks. Signature and Name of Applicant Date: 24/09/2019 Report/ Action taken by the Teacher concerned Anjana was asked to write the answers again and advised her to be much more specific in answering as per question weightaget once Date: 25 9 20 9 Report/ Action taken by HOD Signature and Name of Teacher in Charge The cancend quierance, was redressed by geontry premission for ee-tost. Date: Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal

Z018-1

Semester/ Year Department Management studies Programme T BBM Name of Roll No Name of Teacher Simi Tomy Joseph George Student 183135 in charge of the subject Course Name and Code Soft Skill Mauagement Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Absence of proper feedback on my paper in order to avoid mistakes in the next exam. Simi Date: 28/11/2018 Signature and Name of Applicant Report/ Action taken by the Teacher concerned The student was Discussed with the student and elaubts cleared as well proper quidance given to support her to prevent the answer in a bellin way Signature and Name of Teacher in Charge Date: Report/ Action taken by HOD It was devided to ensure timely feedback. Date: Signature and Name of HOD Action taken by Principal gint -Date: Signature and Name of Principal

DEPARTMENT OF CHEMISTRY

Eles (Build

ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Chemisty Semester Programme T B. sc Change for Name of Roll No Dhenn Joseph Name of Teacher Student in charge of the 19210 subject Course Name and Code CHICRTOI-General and Analytical chemistry Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Due to low made by health were Date: 14 11 2019 Report Action taken by the Teacher concerned Signature and Name of Applicant spon Action taken by the Teacher concerned For warded to convilte (grevence redersal) to allow the to work conduct retert. Date: 15(4)2019 Dr. Dr. Jame Signature and Name of Teacher in Charge Date: US U 2019 Report/ Action taken by HOD Recommonded and forwarded Date: 1-6/11/2019 Signature and Name of HOD Action taken by Principal Verified Date: 17/11/2019 Signature and Name of Principal



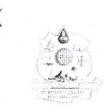
Sada

ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme cheristy B.Sc Cheminy T Name of Roll No Name of Teacher Sncha Sebarhan Student 19233 in charge of the Dr. So. Sig subject Course Name and Code CH3 CRT03 - Orgenic Chumuh-I Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Due to low mark by health usue Date: 16 11 2020 Signature and Name of Applicant Report Action taken by the Teacher concerned Forwardet of grievence redreval Cornelle for sanchog he refert Date: 17/11/2020 Report/ Action taken by HOD Signature and Name of Weacher in Charge Recommanded and forwarded 18/11/2020 Date: Signature and Name of HOD Action taken by Principal Venfiel Date: 18/11/2020 Signature and Name of Principal



Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Chemistry Semester Programme B. se chemistry Anju Thankada Roll No 19205 Name of Name of Teacher Dr. Jose James Student in charge of the subject Course Name and Code CH5 CRT07 - Physical chamsby I Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request D Unable to abtend the test due to Sister's manage Date: 10 11 2021 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Forwarded to reduced comilte for sancing the seter Date: 1) 11) 2021 Report/ Action taken by HOD Signature and Name of Teacher in Charge Reemand \$ forwardof 12/11/2021 Date: Signature and Name of HOD Action taken by Principal Verified 12/11/2021 Date: Signature and Name of Principal



pope

ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme PJ NB-secherout Chemisty Manasy K.S Name of Roll No Name of Teacher Dr. Sr. Sys Francis Student in charge of the 227205 subject Course Name and Code CH500101 and Nuclear Cheming Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Unable to oltend the text due to relative's death. Reason for request Date: 22 10 202 Signature and Name of Applicant Forwarded to Greene redersal committee to sanction the circlad of refert Date: 23/10/22 Report/ Action taken by HOD Signature and Name of Teacher in Charge HID S.HEJSOF 15 * Towarder Ond Frawarded Date: 24/10/22 Signature and Name of HOD Action taken by Principal Verified 24/10/22 Date: Signature and Name of Principal



Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Cloursty Semester Poofe Roll No Parvate 227207 Semester Programme T 1 Mese chemish Name of Name of Teacher Do . Jose James Student in charge of the Any Anton subject Course Name and Code CH500104 - Thermodynamics Kinche freeze Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Due to low merle die to Leine Date: 13(1) 2022. Report Action taken by the Teache, concerned Signature and Name of Applicant Forwarded to Crievene reducedof Comille & sanchy de reteit Date: (9) 11 2022 Report/ Action taken by HOD Signature and Name of Teacher in Charge Recommended and forwarded Date: 20)1)2022 Action taken by Principal Signature and Name of HOD Verified 20/11/2022 Date: Signature and Name of Principal

DEPARTMENT OF COMMERCE



ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	C	Semester	1.30	Programme	
	Commerce		I		B.com Computer
Name of Student	Fito Thomas	Roll No		Name of Teacher	
Student	Ho Thomas	-6		in charge of the subject	Alphose p. Parael
Course Name	and Code		h 1		2
			Mala	yalam.	
Nature of the r	equest			./	
Put tick mark	()		Retest/ Re	evaluation/Scrutiny/ In	nprovement
Reason for rec	luest				
I.	requested to	grant M	nore N	narks for	Melayalam
Since	it was very low	•		tin	Jijo Thomas. Name of Applicant
Date: 18				Signature and M	Name of Applicant
Report/ Action	n taken by the Teacher c	oncerned			
G	writevance was	s Foraan	eled to	the comm	1ºffee
Date: 18/	8/23			Signature and Name	Alphonse . p of Teacher in Charge
Report/ Action	a taken by HOD		,		
109. E	swara Serma encluet	a, class	, tu	tov was ass	gneed ality
toa	enduet 0	he reto	stant	the Seme	cuas
Cona	lateties on	23/81	roezs	Trong	and Name of HOD
Date: 21/81	2023			Signature	and Name of HOD
Action taken b	y Principal		-		
	\mathbb{N}	Λ			
	Vent	req		<i>.</i>	- AP
Date: $2i \left 5 \right _{1}$	2			M	entr
Date:				Signature and Na	ame of Principal



Arakulam, Thodupuzha - 685591 *Affiliated to Mahatma Gandhi University Kottayam* www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	Connerce	Semester	3	Programme	Blom		
Name of Student	Alfan Muhamm	Roll No C	4	Name of Teacher in charge of the subject	MS. Setherlakshm		
Course Name	and Code		Eng	lish			
Nature of the requestPut tick mark(✓)Retest/ Revaluation/Scrutiny/ Improvement					mprovement		
Reason for re	quest						
My In	ternal mark	g the ?	subject	t English	Ps very		
Low	Reason for request My Internal Mark of the Subject English is very low as compared to other Subjects. Date: [8/8/23 Signature and Name of Applicant						
	n taken by the Teacher of			Signature and	Name of Applicant		
Date: 20/08/23. Jorevarded to the committee. Signature and Name of Teacher in Charge							
Report/Actio	n taken by HOD			5	e of Teacher in Charge		
C	Branteel p	magier	, 631	retest Joseph 100	meg Gavye and Name of HOD		
Date: 21/8	12023		l	Signature	and Name of HOD		
Action taken l				Signature			
	Vent	red			The second se		
Date: 2 8	2013			Signature and N	ame of Principal		



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme BBA Commerce Name of Roll No Name of Teacher Clibin Shaji Student Shain.s in charge of the subject Course Name and Code corporate law Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request I requested to give a carrity about low my Internal mark of the subject componiate law Signature and Name of Applicant Date: 21/03/22 Report/ Action taken by the Teacher concerned Chrievance was forwarded to the committee Signature and Name of Teacher in Charge Date: 21/03/22 Report/ Action taken by HOD Privide oppertunity to re-test the concornel Date: 23/3/2022 Signature and Name of HOD Action taken by Principal Verified Date: 23 3 2622 Signature and Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	Commerce	Semester	I	Programme	Broom		
Name of Student	Roshni° Raphy	Roll No		Name of Teacher in charge of the subject	Ance sayin		
Course Name	and Code		Bricon	o Finance & T nuial Accou	axations interng_1)		
Nature of the r Put tick mark	· .			valuation/Scrutiny/ In	0 -		
Reason for rec	luest			n na sena productive and the first of the constraint of which is constraint.			
					ing 15 low		
as cor	sparred with	other .	subjec	ts,	-		
Date: 5/3	Date: 5/3/2021 Signature and Name of Applicant						
Report/ Action	taken by the Teacher co	oncerned					
usievance cous Jarcoarded 10 the committee							
Date: 6/3	12021				her Scyfu of Teacher in Charge		
Report/ Action	taken by HOD	1			0		
T_{c} $ln S_{f}$ reso Date: $9/3/2$ Action taken b	2021	the segies a	fuelor.	to rejeneli periole aclo Monta Jie Signature a	letioned Seppon forg George and Name of HOD		
÷		Verifica			Merro		
Date: '21 3	20276			Signature and Nat	me of Principal		



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme 111 BBA Commerce. Name of Roll No Name of Teacher Roshan Joshi Shibu k.R Student in charge of the neorge subject Course Name and Code Research Methodology. Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request hower internal marks as compared with other subject Roshen Roshen Joshy Meano Signature and Name of Applicant Date: 08/10/2019. Report/ Action taken by the Teacher concerned chrivenances was for wonded to the committee Signature and Name of Teacher in Charge Date: 08/10/2019 Report/ Action taken by HOD To privicle awonenes of abtendance on internal monte and the proceedence and polecy regendency the same has been dene the giving acom-te: 11/10/2019 Date: 11/10/2019 Action taken by Principal Verified Date: 21 (8 2019 Signature and Name of Principal

DEPARTMENT OF DATASCIENCE

0

has .

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjemoolamattom@gmail.com

Data Science Department Semester Programme 1P-MSC CS-DS Ist Lena Jomon Name of Roll No Name of Teacher South 233601 in charge of the Student subject Course Name and Code Programming in c Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Due to low mark, because of heath issue. Tenn Tomon Date: 13/10/2023 Signature and Name of Applicant Report' Action taken by the Teacher concerned Allowed to write retast of the puper Programming In C Sruthy Schusting Date: 13/10/ 2023 Report/ Action taken by HOD Signature and Name of Teacher in Charge Approved Date: $\frac{16}{10} \frac{2023}{2023}$ Signatur Ven Fred Date: Signature and Name of Principal



ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	Datascience	Semester	1	Programme	Msc clafascience Cintegrated)
Name of Student	Steffymol Sunny	Roll No	21314281 0070	Name of Teacher in charge of the subject	Sruthy sebastian
Course Name	and Code	L			
ICSCICR	Rogrammin	g in c			
Nature of the r Put tick mark	1		Retest/ Re	valuation/Scrutiny/ I	mprovement
Reason for requ	uest			11	F
1 100	d not attent	the exc	im dw	e to health	issues
	conduct retest			bro gramm	
Date: 24/1				steffynol?	Name of Applicant
	taken by the Teacher con	ncerned			
Rebest i	will be condu	neted			7
Ī	-7			Store Sr.	thy schustrians
Date: 24 0				Signature and Name	of Teacher in Charge
Report/ Action	taken by HOD				
	Approved			For Ja	Shub
Date:					and Name of HOD
Action taken by	y Principal	Ven fied	Į		
Date:				Signature and N	Murrame of Principal
	100 m	Aan			



.1

ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department	Data science	Semester	2	Programme	Operating
Name of Student	Augustine Shaji	Roll No	213(42	Name of Teacher in charge of the subject	Jes Maria
Course Name	and Code operating	System			ni. He
Nature of the request Put tick mark (✓)			Retest/ Revaluation/Scrutiny/ Improvement		
Reason for request					
I could not attend the exam due to personal					
issues conduct a regist for the subject pooyraming in operating system Date: 17/6/2022 Signature and Name of Applicant					
Report/Action taken by the Teacher concerned Re-test approved					
,	,			Alex m	
Date: $27/06/22$			Signature and Name of Teacher in Charge		
Report/ Action taken by HOD					
	Appro	red		R	Muke , and Name of HOD
Date: Signature and Name of HOD					
Action taken by Principal Verified					
Date:	PHS) Signature and Na	Marin Ime of Principal
		GE			

AWA

Department	Data science	Semester	2	Programme	Msc data science Lintegrated)
Name of Student	Gropika suresh	Roll No	213142 810067	Name of Teacher in charge of the subject	Alméie Joseph I
Course Name	and Code Data S	structures		L	
Nature of the r Put tick mark			Retest/ Re	valuation/Scrutiny/ In	nprovement
Reason for requ	uest not atter	not the	e exa	am due to	Personal
issues	conduct a ructure. 6/2022		t for	the Subje Solution Subje	ct Data cropika Sured ame of Applicant
Report/ Action	taken by the Teacher cor B Appeoved				
Date: 27	106/2022			Abue? A	LMLE JOSEPH K
Report/ Action	·	Λ		- -	
	Appro	reel		CAL G: L	mon K Scharting
Date: Action taken by				Signature a	nd Name of HOD
		Verified			learn and a second
Date:	SEP H	S S S S S S S S S S S S S S S S S S S		Signature and Nar	ne of Principal



Department	Data Science	Semester	.7	Programme	introduction to
Name of Student	Thejus. T. Reji	Roll No	223142 81 40072	Name of Teacher in charge of the subject	computer(. Sneba (1
Course Name	and Code ICSC 1CR3				
mtroductic	on to computers.				
Nature of the r Put tick mark			Potost/ Do	voluction/Compting/ I	
	(•)		Kelesi/ Ke	valuation/Scrutiny/ In	mprovement
Reason for requ	iest				
1 (0 10)	rat attent	the tra	m du	to heldb	issall.
k'o Nu	not attent Conduct oct.	est for	the	Subject R	soopso Inhodultio
n to	computers.	<i>c</i>)		-their -	1. Reji Siuskiji
	11-2022			Signature and N	Jame of Applicant
	taken by the Teacher co	ncerned			
Rete	st conducted	on al	/11/22		
Date:				Signature and Name	of Teacher in Charge
Report/ Action	taken by HOD				
2					
	٥				\bigcap
	Approved		#)		
					CATING TOXIE
Date:	Drive size al		*	Signature a	and Name of HOD
Action taken by	Principal	NI Gal)		
		Venfied			
Date:				Signature and Na	une of Principal
	MATTON AND				



Arakulam, Thodupuzha - 685591 *Affiliated to Mahatma Gandhi University Kottayam* www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	DATA SCIENCE	Semester	IIND	Programme	MSC. DATA SCIENCE LINEAR ALGEBRA
Name of Student	ANU ANISH	Roll No	2	Name of Teacher in charge of the subject	Da Fr. Jomon K. Schastian
Course Name	Course Name and Code			R ALGEBRA	
Nature of the request Put tick mark (\checkmark)		Retest/ Re	evaluation/Scrutiny/ In	mprovement	

Reason for request Have Didn't submitted assignment for linear algebra is the 2nd semester before the deadline, so requested to accept the submission of assignment. He Date: J-06-2023 Anu Anish Ind Signature and Name of Applicant Report/ Action taken by the Teacher concerned permitted to somet Date: 20/06/20 23 Report/ Action taken by HOD Signature and Name of Teacher in Charge Approved K Sebania. Date: 20/6/2023 Signature and Name of HOD Action taken by Principal Verified Date: 20623 Signature and Name of Principal



Department Semester Programme DATA SCIENCE 11 LINEAR ALGEBRA Name of Roll No Name of Teacher JOSE SEBASTIAN DR. FR. JOMON 05 Student in charge of the KOTTARATIHIL subject Course Name and Code 1CSC2CM5 LINEAR ALCOBBRA Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request 10 accept the submission of assignment after the dead line. Jose sebastian Jose Date: 15-6-2023 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Parinited to submitt Date: 20/06/2023 Signature and Name of Teacher Report/ Action taken by HOD persmitted to resubmit-20/6/2023 Date: Signature and Action taken by Principal Verifico Date: 20 6 2023 Signature and Name of Principal

DEPARTMENT OF ECONOMICS



Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Name of Student Alphy Deorge V.A 212207 Name of Teacher in charge of the subject Dot Course Name and Code EC1CRTOI Nature of the request Put tick mark (~) Retest/Revaluation/Scrutiny/ Improven Reason for request Sir, I did not get the expected mark in the Internal examination SoI request you to reverse My answer paper. Alphy Everge Signature and Name of A Report/Action taken by HOD Ste answer paper of Alphy Garge mark Report/Action taken by HOD Ste answer paper of Alphy Garge mark Signature and Name of Teacher Signature and Name of Teacher Signature and Name of Teacher Signature and Name of Teacher Signature and Name of Teacher Report/Action taken by HOD Ste answer paper of Alphy Garge mark Name of Alphy Garge mark Signature and Name of Teacher Signature and Signature and Name of Teacher Signature and Signature and Si	Department	Economics	Semester	1	Programme	BA Economic	
Course Name and Code EC1CRT01 Perspectivese Methedology of Retest/Revaluation/Scrutiny/Improven Reason for request Sir, I did not get the expected mark in the Internal examination Bo I request you to rever my answer paper. Alphy Guorge Date: 11/02/2021 Report/Action taken by the Teacher concerned As pet the hequest, it was decided to hevalue the answer sheet of the for your of Teacher Date: 15/02/2021 Signature and Name of Teacher ate: 15/02/2021 Action taken by HOD The answer paper Atterned the provent of puppy gaves me Signature and Name of Teacher Signature and Name of Teacher Atterned the provide the puppy gaves me Signature and Name of Teacher Signature and Name		Alphy George			in charge of the	Prof. Pramoo Joseph	
Nature of the request Perspectivese Methodology of Retest/Revaluation/Scrutiny/Improven Retest/Revaluation/Scrutiny/Improven Reason for request Sir, I did not get the expected mark in the Internal examination Bo I request you to rever- my answer paper. Apply George Signature and Name of A Date: 1/102/2021 Report/Action taken by the Teacher concerned As pet the hequest, it was decided to hevalue the answer beet of the thy Crease pate: 15/02/2021 Date: 15/02/2021 Signature and Name of Teach signature and Name At: 15/02/2021 State: 15/02/2021	Course Name	and Code		EC10		ousen	
Retest/Revaluation/Scrutiny/Improven Reason for request Sir, I did not get the expected mark in the Internal examination Bo I request you to rever- my answer paper. Byphy everyge Date: 1/102/2021 Signature and Name of A Report/Action taken by the Teacher concerned As per the hegnest, it was decided to hevalue the answer Bheet of Halphy Crease Date: 15/02/2021 New Signature and Name of Teach Signature and Name of Teacher signature and Name of Teacher Signature and Name of Teacher At: 15/02/2021 New Signature and Name of Teacher At: 15/02/2021 New Signature and Name of Teacher Signature and Name				1		locus of Economic	
Reason for request Sir, I did not get the expected mark in the Internal examination So I request you to rever my answer paper. Alphy everge Date: 1/02/2011 Signature and Name of A Report/Action taken by the Teacher concerned As per the hequest, it was decided to hevalue the answer sheet of Halphy Crease Date: 15/02/2021 Newson Signature and Name of Teach report/Action taken by HOD She answer night of AMM gorge area m ate: 15/02/2021 Signature and Name of Teach Signature and Name of Teach As per the principal							
Sir, I did not get the expected mark in the Internal examination so I request you to rever my answer paper. Alphy guorge Beport/Action taken by the Teacher concerned As per de request, it was decided to revalue the answer sheet of the phy Crease Date: 15/02/2021 News Bate: 15/02/2021 News ate: 15/02/2021 News ate: 15/02/2021 Signature and Name of Teach Signature and Name	Put tick mark	(~)		Retest/ R	evaluation/Scrutiny/ In	mprovement	
Bate: 15/02/2021 Signature and Name of A Signature and Name of A Signature and Name of A Signature and Name of Teach Date: 15/02/2021 Signature and Name of Teach Signature and Name							
Bate: 15/02/2021 Signature and Name of A Signature and Name of A Signature and Name of A Signature and Name of Teach Date: 15/02/2021 Signature and Name of Teach Signature and Name	Siri	I did not g	et the	expe	ited mark	in the	
Report Action taken by the Teacher concerned As per the request, it was decided to revalue the answer sheet to the phy crease Date: $15/02/2021$ Prever report Action taken by HOD She answer might of Alfry Google ares m ate: $15/02/2021$ ction taken by Principal Signature and Name of Teacher Signature and Name	Inte	rnal examin	ation !	30 las	equest-upin to	renalizate	
Report Action taken by the Teacher concerned As per the request, it was decided to revalue the answer sheet to the phy crease Date: $15/02/2021$ Prever report Action taken by HOD She answer might of Alfry Google ares m ate: $15/02/2021$ ction taken by Principal Signature and Name of Teacher Signature and Name	my	answer pap	er,	2	Alphu Pun	vac About.	
As per the request, it was decided to revalue the answer sheet of Hulphy Crease Date: 15/02/2021 Reveal Signature and Name of Teach eport/Action taken by HOD She answer might of Alffy Gorge was m ate: 15/02/2021 Signature and Name Signature and Name	Date. //07	212011		Signature and Name of Applicant			
hevalue the answer sheet & Halphy Created Date: 15/02/2021 Remaining Signature and Name of Teach signature and Name of Teach signature and Name of Teach ate: 15/02/2021 Signature and Name ction taken by Principal	$\frac{1}{\sqrt{2}}$ (ceport/ Action t	aken by the Teacher cor	ncerned	2			
hevalue the answer sheet & Halphy Created Date: 15/02/2021 Remaining Signature and Name of Teach signature and Name of Teach signature and Name of Teach ate: 15/02/2021 Signature and Name ction taken by Principal	Hs per	The requ	est, A	- was	deerded	6	
Date: 15/02/2021 Deport/Action taken by HOD She answer might of Alffy Google was m ate: 15/02/2021 ction taken by Principal Signature and Name	revalu	e the and	wes_sh	cet a	A Halphy CD	Passe	
ate: 15/02/2021 ction taken by Principal		1	Alemod		Dan 1		
ate: 15/02/2021 ction taken by Principal			15	Signature and Name of Teacher in Charge			
ate: 15/02/2021 ction taken by Principal Signature and Name							
ate: 15 82/202 Signature and Name ction taken by Principal	SU	- another n	signit of	- Alpt	y garge and	as revalue	
ate: 15 82/202 Signature and Name ction taken by Principal						Em :	
ate: 15 182/2021 ction taken by Principal Signature and Name	_	T			- Jun	stine Joseph	
Best					Do-Jm Signature an		
	ction taken by I	Principal			~		
ate: Signature and Name of Pri				5	Eest	- Teres	
	ate:				Signature and Nam	ne of Principal	
Department of Economics				Depart	ment of Economic	15	

St. Joseph's College Moolamattom Arakulam P. O., Idikki.



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme TI Economics Economics P Name of Teacher par po amod in charge of the subject Solution Ansiya Rasheed Roll No 6 Name of Student ECICRTO2 millo economic Course Name and Code Analysis Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request 5101 since i was sien i rouid not woigente the internal examination of microo economics so i pequese you to write Date: 12 apro22 lease examination Signature and Name of Applicant per Report/Action taken by the Teacher concerned it was decided to allow a retest for Ansi as per her request Signature and Name of Teacher in Charge Date: 16/12/2022 Report/ Action taken by HOD Aringa neas permitted to write they notest Date: 16/12/1.022 Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal Department of Economics St. Joseph's College

Moolamattom Arakulam P. O., Idikki



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

> Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester BAECONOMIC Drivs. Pramoc Jose PL Economics 0 Programme Name of kaleshka novit Roll No Name of Teacher DC Student in charge of the subject Course Name and Code : C2 C7 to 2 MIC 70 ECO omisz Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request 519, I COULD NOT OUT ITE the Internal Examplemicore Economics. Soi request you to ploub me to worke retext 27161 2023 Date: Signature and Name of Applicant Signature and Name of Applicant Report/ Action taken by the Teacher concerned Detest was conducted Date: 31/6/2023 Report/ Action taken by HOD Signature and Name of Teacher in Charge Kalesh was permitted to write the retast after dismission with the romerned tearher and result was porblysted. Signature and Name of HOD Date: 3/6/2023 Action taken by Principal Date: Signature and Name of Principal Department of Economics St. Joseph's College

Moolamattom Arakulam P. O, Idikki.



Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department		Semester		D	
	Economics	Semester	11	Programme	B.A Economics
Name of Student	Jevin Antony	Roll No	212225	Name of Teacher in charge of the subject	Prof. Justin Joseph
Course Name :	and Code		EC30	RT03	0.001
			Micro	Economic And	alysis -II
Nature of the r					
Put tick mark	()		Retest/ Re	valuation/Scrutiny/ Ir	nprovement
Reason for requ	lest				
	Six, I c			he Internal ex	
/	Micro economic	s due	to teve	r, So, I regg	rest you to
9	Illow me to wa	rite a la	retest	11	11th
Date: 22	09/2023			Signature and Na	ame of Applicant
Report/ Action t	aken by the Teacher con	ncerned		Signature and Na	ame of Applicant
The	meeting of	the tea	thers	in the de	wontiment
	& nondmt.				
Date: 27/0	1			at	n pritonsting Jos
				Signature and Name o	n Dr. Jourtime Jou f Teacher in Charge
Report/ Action ta					
A	ritest was	nondh	nted c	and result	+ published
				tio	
Date: 27/09				Jon Do	. Instme Losyph
Action taken by F				<u>a</u> .	d Name of HOD
tetion taken by I	Interpar			2	
	5				
Date:				Signature and Nam	e of Principal
		De	epartment	of Economics	ULAMA'

St. Joseph's Cellege Moolamattom Arakulam P. C. Idikki,

inter

DEPARTMENT OF MATHEMATICS



Department Semester Programme Mathematics Name of Roll No Name of Teacher Morinshilm Dr. Fre Jommon Student in charge of the K Sebestain subject Course Name and Code MM6CRTOZ: Graph Theory and Metric Spaces. Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) eason for request for the revaluation of the Request for the revaluation of the Paper (Cenaph theory and Metric Spaces' 1°m Gemester II. (Ist Internal) Main Andrea Reason for request Date: 13/02/ 2023 Report/ Action taken by the Teacher concerned Signature and Name of Applicant Allowed to revaluated the Papes 'araph theory and Matric Spaces'. Date: 15/02/2023 Signature and Name of Teacher in Cl Report/Action taken by HOD Signature and Name of Teacher in Charge Approved. Date: $\frac{7}{22}/\frac{2023}{2023}$ Action taken by Principal Signature and Name of HOD 'secified Date: 17/2/2023 Signature and Name of Principal



Domontonout					The Arm
Department	Mathematics	Semester	X	Programme	BGC/ athemoty BO22-2023)
Name of	Konshna das	Roll No	2000 216	Name of Teacher	Fr-Do Joanmon
Student	Bin		33977	in charge of the	Kotlasathel.
Course Name	and Code		1	subject	
	- 16.06297	2	24	Genester	(-All papers)
Nature of the r	A				
Put tick mark	(~)		Retest/ Re	valuation/Scrutiny/ Ir	nprovement
Reason for requ	lect				
Reason for requ	Len R Les In-leso de Frajate in 2/3022	eq uest	10	ante the	e the
Zemesi	tes In-leana	t'exan	n5 a3	I have g	gone to
Past	rapate in	The F	R.PC.	camp of n	ac LI
Date: 12/1	2/2022		,	Konshma Das	Bifa Annlingha
Report/ Action	taken by the Teacher con	ncerned		Signature and Iv	and of Applicant
		Л		- 6 5 Hb 1	and a left an
	be lote.	ond er	KAMB		DEBLEY
(Supp	The lote. De montang)	avill be	E (07)	duled 7=2	10 mehindas.
Date: 14/12,				In . Dr. To more Signature and Name	on k Se bastann. of Teacher in Charge
Report/ Action t	aken by HOD			0	
		0	Λ		
		Appr	eved.		2
					7 8
Date: 16/12/0	2000			6_	Smin
Action taken by				Signature a	nd Name of HOD
i i i i i i i i i i i i i i i i i i i	Timoipui				
		.7	í		
3	1	Verifier			2 pm
Date: 16/12/	2022	I		Signature and Nai	ne of Principal
	17 525 YE				
	風靈周				
	OLAMATTO				



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme BECMathonatic (2021- 2022 Mathomatice Tind Name of Joel Taison Roll No Name of Teacher Messa M Narg Student in charge of the subject Course Name and Code ST & CMTOZ: Poobabili Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Request for the Scrating of the Paper (Probability, Theory ' in Demester Ind (J DE Internal examination). Date: <u>34/05/3022</u> Report/Action taken by the Teacher concerned A-form and Lest papers are rechecked. and Student is convinced. Date: <u>*QG*</u> <u>*OG*</u> <u>*G*</u> <u>*G* <u>*G*</u> <u>*G*</u></u> Signature and Name of Teacher in Charge Approved. Date: 98/05/9022. Action taken by Principal Signature and Name of HOD Veined Date: 28/5/2022 Signature and Name of Principal



Department	Mathe matic	Semester	TT ad	Programme	Bbc Mathomathe
Name of Student	-H6690.5	Roll No		Name of Teacher in charge of the subject	Tr. Dr. Jornon K. Gebastain
Course Name a	and Code		1		
			M	13 CRT01:	calculus.
Nature of the re Put tick mark			Retest/ Re	valuation/Scrutiny/ In	mprovement
Reason for requ	Request	- far	-16e	Jap rovemi	ne of the
Pape	The lalco	lug' lessal	in s exa	emester m)	THEd.
Date: 22/	03/20222		2		ame of Applicant
Report/ Action t	aken by the Teacher con				Δ
	Request	+ 18 g	loom te	d for th	paper.
Date: 33/0	3/2022			Signature and Name	Shule of Teacher in Charge
Report/ Action t				Signature and Name	or reacher in Charge
1		+pproveo	L		
Date: 25703				-	6 mm
Action taken by	Principal			Signature a	nd Name of HOD
interiori tarteri og	imeipui				
		Veenke	e)	0	and the second
Date: 25 3)2	52C			Signature and Na	ne of Principal
		EO			



Department	Mathimatics.	Semester	2B	Programme	Picconstruis
Name of Student	Arsha Rose, Davasia	Roll No	160021U 36633 ·	Name of Teacher in charge of the subject	Bisc methan. Lagger - 21) Aneesh N.
Course Name	and Code				
			5hs	mester Oniver	rity Exams.
Nature of the r Put tick mark	•		Retest/ Re	valuation/Scrutiny/ In	nprovement
Reason for requ	Request bor			to write my	
Date: 5/4	Senister exan Ponclamic s.	rhigher.	onur K	Arsten, Signature and Na	Arsha Ron ame of Applicant
Report/ Action	taken by the Teacher con	ncerned			
	Surveyelled to	HOD	٤.		
Date: 1210	10/21			Signature and Name of	of Teacher in Charge
Report/ Action	taken by HOD				i chuige
for	woord to priv	nipal.		*	
,				05	
Date: 19/10				Signature ar	nd Name of HOD
Action taken by	Principal		1		
Date:)9)	10)2)	Veri	laid.	Signature and Nam	ne of Principal
	St.Jos	f Mathematic eph's Colleg olamattom		×	



Department	Malbematics.	Semester	\overline{lv}	Programme	B.sc maths.		
Name of Student	Anandu . R. Nair	Roll No	1800210 36631,	Name of Teacher in charge of the subject	Caolg-20). Ance Deny.		
Course Name a	and Code		STHE	MT04-			
				Statistical	m-firence.		
Nature of the r Put tick mark		÷	Retest/ Re	valuation/Scrutiny/ In	nprovement		
Reason for requ							
Reques	t has the ket	lest b	the p	aper 'statist	Scal loference		
on sin	rester & CISt	internal	lxcnor)	~		
Date: 03	Leason due to	TSC Co	emp, NC) anadh Signature and Na	Arrandhu ame of Applicant		
Report/Action	taken by the Teacher cor	ncerned					
Alle	wed to write	e retest	- 3	the paper	Stakskia)		
10	perence '		U	Ance	Ance Denny		
Date: $0 \neq / 2$			-	Signature and Name of	of Teacher in Charge		
Report/ Action t	aken by HOD						
F	Approved.						
				\cap	l		
Date: 10/2	12020.			Signature at	nd Name of HOD		
Action taken by	Principal			Signature a	Id Ivanie of HOD		
		100-	lice		Sauli		
Date: 10/2/2	628	Vec.	1 Sector	Signature and Nar	ne of Principal		
	Dept.of Mathematica						
	St.J	oseph's Colle					
	M	loolamattom					



Department	Mathematicy.	Semester	rst	Programme	Decembri
Name of		Roll No			B. SC maths. (2019-20).
Student	Anjaly N.B.	KOII NO	1900210 36674,	Name of Teacher in charge of the subject	Jayaknishoah K.
Course Name	and Code		41 4 1 1	a Dital: 1	
			MMI	CRTOI: Join	lather aties.
Nature of the r Put tick mark	•				
	(•)		Retest/ Re	valuation/Scrutiny/ In	nprovement
Reason for requ	iest p	0 11			
				e of the po	
	12 Sen	ester Is	+ (1	nd internal).	•
Date: 26	108/19			Signature and N	Anjalyw.B ame of Applicant
Report/ Action	taken by the Teacher co.	ncerned		0	
	Allowed to it	vile, rei	fest y		
Date: 271	l c l i a			de la	Duyakrishnan,
Report/ Action				Signature and Name of	of Teacher in Charge
2					
/	Approved.				
0	1 1			68	where the second
	18/19.			Signature an	nd Name of HOD
Action taken by	Principal				
		1000			
1	lio	beefi	ed the	H'S CO	Bield
Date: 28)	8117			Signature and Nar	ne of Principal
	Dant				,
		Mathematics h's College			
	Moola	mattom			

In Environment

ST. JOSEPH'S COLLEGE MOOLAMATTOM Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	Mathimaki	Semester	Ĩ	Programme	Bisc malhs. (2018-19)			
Name of Student	Sona Joseph.	Roll No 16002103 9529		Name of Teacher in charge of the subject	Aneegh N,			
Course Name	and Code		MM	15 CRT03;-	the least Algebra.			
Y 12942 - 44 - 44 - 55	Nature of the request Put tick mark (Put tick mark (
Reason for req	· agolesi,		-	g the paper				
Hgebm	a in serveste Reason - (2018 taken by the Teacher co	15 C	1st inter	mal)	C I I			
Date: 11/9/2 Report/ Action	Reason - (2018 taken by the Teacher co	ncerned	rease)	Signature and N	Sona Joseph Jame of Applicant			
MIL	owed to donk	vite set	est g	the paper.				
Date: 14/ Report/ Action				Signature and Name	of Teacher in Charge			
-	Dyroved,							
~ (-6 m	2			
Date: [¥[9] Action taken by			5. 	Signature a	nd Name of HOD			
Date: 17/9/2015 Veenfred								
Date: 17	1/2015	very	Step Step	H'S Signature and Na	me of Principal			
	St.Jo	of Mathemati seph's Colleg colamattom	CS e					

DEPARTMENT OF SOCIAL WORK



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department Semester Programme Social Work M.S.W 4 Name of Roll No Name of Teacher Nayana Raju kumian Manu Student 19 in charge of the subject Course Name and Code 4th Semesters M.S.W Fieldwock Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request Lowest indernal mark for Field work Signature and Name of Applicant Date: 22 (07 2023 Report/ Action taken by the Teacher concerned Rechecked and Submitted to HOD Marm Killion Date: 23/02/2023 Signature and Name of Teacher in Charge Report/ Action taken by HOD Recualmented mark approved Date: 23/07 land ? Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal Principal St. Joseph's College Moolamattom, Arakulam - 685 591



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme MSW Social Work 4 Name of Roll No Name of Teacher Manu Kurian Avani K.A 11 Student in charge of the subject 4th semester. MSW Field Course Name and Code Woak Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request Lowest internal mark for field work. trani. Avani K.A Date: 21 107 12 023 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Recheeled and submitted to HOD Date: 22 (07/2023 Report/ Action taken by HOD Signature and Name of Teacher in Charge Reevaluated malk Appound. Date: a 3 107 Look? Signature and Name of HOD Action taken by Principal Signature and Name of Principal Date: Principal St. Joseph's College

Moolamattom, Arakulam - 685 591



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme Social Work 4 MSW Name of Roll No Name of Teacher Alfena Tomy Manu Kusian 04 Student in charge of the subject Course Name and Code Ath semeiter MSW Field Work A Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request Lowest internal mark for field work. Alfena Alena Tomi Date: 22 offed 3 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Recheelend and Submitted to Iton Moun kulion Date: \$3 A Signature and Name of Teacher in Charge Report/ Action taken by HOD Re-evaluated malk approved Date: Signature and Name of HOD Action taken by Principal Signature and Name of Principal Date: Principal St. Joseph's College

Moolamattom, Arakulam - 685 591



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme Social Work 4 M.S.W Name of Roll No Name of Teacher manu kuriyan 12. Bhaquastee .S Student in charge of the subject 4th semester M.S.W field work Course Name and Code Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request lowest internal mark for field work Bhagya siee. 3 Date: 21/07/0023 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Rechected and Submitted to 140 be Mann E win Date: 22 107 2023 Signature and Name of Teacher in Charge Report/ Action taken by HOD Re evaluated weak Approved Date: 23/07/dod3 Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme Social wolk Many kultion MSW 4 Name of Roll No Name of Teacher Alon Josly Student in charge of the 3 subject 4th Semester MSW field, work Course Name and Code Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request howers internal mark for field work ALAD Alan Jolly Signature and Name of Applicant Date: 21 2 2 23 Report/ Action taken by the Teacher concerned Rechecked and submitted to 1400. Mannland Date: 22/07/2023 Signature and Name of Teacher in Charge Report/ Action taken by HOD Reavaluertal mark approved Date: 24 (07/2028 Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department Semester Programme MISH d Name of Roll No Name of Teacher Student Arjus K.R in charge of the Just 12 Breek a subject Course Name and Code Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request of 1 month time period for fee remittance EXEDUID ANUD KR ALLS Date: 01 -04-2022 Signature and Name of Applicant Report/ Action taken by the Teacher concerned formulad to the 1400 Justin Josept Date: Signature and Name of Teacher in Charge Report/ Action taken by HOD Forwalded to the Poincipal Date: a Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal Principal



Arakulam, Thodupuzha - 685591 Affiliated to Mahatma Gandhi University Kottayam www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department At M.S.W Semester Programme 2 M.S.W Name of Roll No Name of Teacher Justin Joseph Akhil Thankart 1 Student in charge of the subject Course Name and Code Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Extention of I month time period for free remittance Akbil Thankochan Date: 01 04 2022 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Someded to 1400. Justin Jeseph Date: 1/4 dodd Report/ Action taken by HOD Signature and Name Teacher in Charge forwarded to Principal Date: 2/04 (22 Signature and Name of HOD Action taken by Principal Date: Signature and Name of Principal

DEPARTMENT OF PHYSICS



Department	PHYSICS	Semester	5	Programme	B.Se PHYSICS		
Name of Student	MPARNA.R. KRISHNAN	Roll No	8869	Name of Teacher in charge of the subject	D. Anju. P. Nathewe		
Course Name a	and Code		Digital	electronics end PHJCRT07	progremmint og		
Nature of the r Put tick mark			Retest/ Re	Retest/ Revaluation/Scrutiny/ Improvement			
Reason for requ	lest						
	Improving						
Date: 19/09				Signate e and N	ame of Applicant		
Report/Action	taken by the Teacher						
	Retest i	nitiated					
Date: 2 2 - 0	1-2018			Signature and Name of	of Teacher in Charge		
Report/ Action 1	aken by HOD						
	Refest	approve			alloo -		
Date: 22 - 0 Action taken by		DEPARTIME	IT OF PHYSICS	Signature a	nd Name of HOD		
Action taken by	-	Meale Meale	mattem				
Date: 229	2018	levified		Signature and Nar	ne of Principal		
	SEP	TTO COLLEGE	a .	÷			



Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department	PHYSICS	Semester	S	Programme	B.S.C PHYSICS
Name of Student	SREEMOL K.	Roll No	1668	Name of Teacher in charge of the subject	DX. Roy sebastion
Course Name a	and Code			YOEESSOR AND,	INTERFACING
			DEHICK	F AESVETOS	5.
Nature of the r Put tick mark			Retest/ Re	evaluation/Scrutiny/ In	nprovement
Reason for requ	iest				
	bad marks f	than expecte	d,		
Date: 511	s ·			Signature and N	ame of Applicant
A THE OWN DR. CONT. NAME AND ADDRESS OF A DR. AND ADDRESS OF A DR.	taken by the Teacher	concerned			
For	unded to	, the	commi	Hee	
5)11	20 18			Ru)
Date: Date: Date:				Signature and Name of	of Teacher in Charge
	Retest iv	iltiated			
Date: $8 1 $ Action taken by		DEPARTME ST Joeph Möölen 4	OF TWYSICS Se Cellage	Signature an	nd Name of HOD
Date: 8/11/1	8 CSEPH	Verified		Signature and Nar	ne of Principal
		O. LEGA			

SMATTO



Department	Physics.	Semester	1	Programme	BSC Physics	
Name of Student	Allence Bahunay	Roll No	2212	Name of Teacher in charge of the subject	BSC Physics Dr. Roy sebastia	
Course Name	and Code		0		J	
			Runcp	le of Electronic	· components	
Nature of the					,	
Put tick mark			Retest/ Re	evaluation/Scrutiny/ In	nprovement	
Reason for req	uest					
	Low Score					
				Manat		
Date: 10/12	2018		Signature and Name of Applicant			
	taken by the Teacher co			· · · · · · · · · · · · · · · · · · ·	11	
	Ro	test de	ided	×		
		0001 0-				
				Q	me	
Date: 12-16				Signature and Name	of Teacher in Charge	
Report/ Action	taken by HOD	. 1				
	Refest init	rated				
					10	
		DEPARTMENT	OF PHYSICS	Ke	ut -	
Date: 12/12	2018	(St Joseph's	College	Signature a	nd Name of HOD	
Action taken by		Meslame		Signature u		
		ARAAJLAM	615 111			
×.		Verifie	T	911	, c	
Date: 12/12	2018	vengre	-1	Signature and Na	me of Principal	
	CEPH'S CO	TEGE				



Department Semester Programme Phyrics Jaje Berry BIC Phyrice. Dr. Ray Sebastians 6. Name of Roll No Name of Teacher Student in charge of the \$\$62. subject Course Name and Cod Relativity of Spectroscopy Nature of the request Refest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request for improving Date: O2(O3)19, Report/ Action taken by the Teacher concerned Signature and Name of Applicant Refest initiated Date:04 03 19 Report/ Action taken by HOD Signature and Name of Teacher in Charge Retest conducted Date: 04 May 19 Signature and Name of HOD Action taken by Principal ULAR 625 59 Verified Date: 4/3/19 Signature and Name of Principal



Continuous Internal Evaluation (Test Papers) Grievance Redressal Application Form

Department	Physics.	Semester	2	Programme	BSC Phylics	
Name of Student	Athina A.R.	Roll No	2218	Name of Teacher in charge of the subject	BSC Phyrics. DR. Roy Sebastic	
Course Name	and Code		Power	Electronics		
Nature of the r Put tick mark			Retest/ Revaluation/Scrutiny/ Improvement			
Reason for requ	iest					
	tougher encamin	nation		anna		
Date: 11 01	rant a board of the designed and the board of the location of the state of the state of the state base	5.		Signature and Name of Applicant		
Report/ Action	taken by the Teacher co	oncerned				
	Rete	st annou	med.			
Date:13 04	119.			Signature and Name of	of Teacher in Charge	
Report/ Action	taken by HOD					
Date: 13)+++ Action taken by	8 13 4 19 Principal	o' + ARTMENT O St Joseph's Monismet		Signature an	nd Name of HOD	
Date: 13/4/	9.	Varis	25 591	Signature and Nar	ne of Principal	
	Status Column				;	

OLAN



Department	2	Semester		Programme	
	physics.	bemester	3.	Togramme	BSC Physics Ms. Aleena Saby
Name of		Roll No		Name of Teacher	
Student	Sudhi Jayan		1,212	in charge of the	Mg. Aleena Sabu
			4312-	subject	
Course Name	and Code				
			Dotto	s lacer & 1	Greoptice.
			opric	f1	bredia
Nature of the r	request				
Put tick mark	(1)		Retest/Re	valuation/Scrutiny/ In	provement
					.provenient
Reason for requ	last				
Reason for requ	1051				
	fuled. the	NOUM '		1 -	
	failed the			ala	
				Anta	
Date: 3 10 (9,			Signature and N	ame of Applicant
Report/ Action	taken by the Teacher con	ncerned			
1	,				
	- 1	-1 - 1			
	Rotast	- initial	ted	٨	0.1
				(1) Down	abub.
Date: 09 10	lig			1 cm	
				Signature and Name of	of Teacher in Charge
Report/ Action	taken by HOD				
			- A .		
	æ (a = a a	nted		
	Rete	st pr	0.0	\cap	0
1		TATMET	OF ALL	K	es.
Date: 09/10/19. Refest granted Signature and Name of HOD					
Jight and Name of TOD					
Action taken by	Principal		attem)		
		40		/	
			1		
1 1		Nenfiel			01:
Date: 9/10/10	e e	Vicorfree			new
	OWS CIT			Signature and Nan	e of Principal
	187 200 181				
	OLAMA				



Department Semester Programme Hapil Huyice. Name of Roll No Name of Teacher DA. Roy Sebastian. Student trima in charge of the 1815 subject Course Name and Code Actuado logice Experipactives Phy. Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request For good mark than the before mark get in exam Signature and Name of Applicant Date: 30 10 194. Report/ Action taken by the Teacher concerned Retest initiated Date: 02 12 19. Signature and Name of Teacher in Charge Report/ Action taken by HOD Refest permitted Date: 02/12/19. DEPARTMENT OF PHYSICS Signature and Name of HOD Action taken by Principal Joseph's College Meelemettem PAAULAN 585 59 Date: 2/12/19. Venfiec Signature and Name of Principal



Department Semester Programme Physics 4 BSO Drying Name of Roll No Name of Teacher DA - Anju P. Makeros. Student in charge of the Vandhana Maria 2224 subject Course Name and Code Application at microprocessons Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request small mistake in the writtin test; mark low scored. Date: 602/20 Signature ame of Applicant Report/ Action taken by the Teacher concerned Recounted the marles. Date: 10 02 20. Signature and Name of Teacher in Charge Report/ Action taken by HOD Suggested to scrutinize DEPARTMENT OF PHYSICS 02 20. Date: 10 Signature and Name of HOD Joseph's College Action taken by Principal Nicelamettom KULAM 585 59 Verified Date: 10 2 20 Signature and Name of Principal



Department	PHYSICS	Semester	6	Programme	B.S.C Physics		
Name of Student	Dony Benny	Roll No	1,660	Name of Teacher in charge of the subject	Dr. Roy sebestian		
Course Name	and Code		Nuclea	r, particle and 1	tshophysics		
				HECRTI			
Nature of the r Put tick mark			Retest/ Revaluation/Scrutiny/ Improvement				
Reason for requ	iest						
ć	ow marking Awar	rching		ж. 			
			20002 .				
Date: 05/03			Signature and Name of Applicant				
Report/ Action	taken by the Teacher co	oncerned					
Date: 13 0	X	r initiat	id'	Pre	J		
Report/ Action				Signature and Name of	of Teacher in Charge		
					0		
Date: 133	2020	DEPARTMENT O	PWYSICS ellogo	Signature	nd Name of HOD		
Action taken by	Principal	ARAKULAM 68	591				
×	¥.	Venfre	0	-9	pulli .		
Date:	10000		ň	Signature and Nat	ne of Principal		
		· · · · ·	2				



Department GHXSICS Semester Programme BS. Cphysia 2 Vishnamcy a vinod Name of Roll No Name of Teacher Dr. Praveen Joseph Student 1818 in charge of the subject Course Name and Code mehanics and proporties of mall-or PH2CRPO1 Nature of the request Retest/ Revaluation/Scrutiny/ Improvement Put tick mark (\checkmark) Reason for request For Improving Spacege Date: 20 63/20 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Retert initiated Date: 21 03 20. Signature and Name of Teacher in Charge Report/ Action taken by HOD Retest Recommended. PARTMENT OF PHYSICS Date: 21 03 20 Signature and Name of HOD Action taken by Principal Date: 21 3 26 entre Signature and Name of Principal



ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591 *Affiliated to Mahatma Gandhi University Kottayam* www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	phyriu.	Semester	5	Programme	BSC Physica.	
Name of Student	Arjun Vinoch	Roll No	2216.	Name of Teacher in charge of the subject	DA. Praveen Josep	
Course Name	and Code	3				
	z		Quant	um Mechanio	3. PHSCRTOB	
Nature of the r Put tick mark	1		Retest/ Revaluation/Scrutiny/ Improvement			
Reason for requ	iest					
	Improving averall	internal	Assume	vot		
Date: 3/10/2				Junz.		
	taken by the Teacher con	ncerned		Signature and N	ame of Applicant	
			٨			
	Rete	st deel	ared.			
	2020-			Dun		
					of Teacher in Charge	
Report/ Action t	aken by HOD					
	Ret	est Ro	comm.	ened.		
Date: 06 10	20	DEPARTMENT	OF PHYSIC		din .	
Action taken by	Principal il	St Joseph'	s College	Signature an	nd Name of HOD	
ionon tanon by	Timeipai	* Mentami)		
		ARRICEAM	885 591			
Date: 6/10/20	020	Verified	1	Signature and Nar	ne of Principal	



Department	PHYSICS	Semester	5	Programme	BS.C PHNSICS		
Name of Student	JERARD	Roll No	2223	Name of Teacher in charge of the subject	Dr. Pravein Joseph		
Course Name a			QUANTUM NEHANICS PHSCRTOG				
Nature of the re Put tick mark			Retest/ Re	valuation/Scrutiny/ In	nprovement		
Reason for requ	Reason for request						
Failed (Fever leeve)							
Date: 19/10/20 Signature and Name of Applicant							
Report/ Action taken by the Teacher concerned							
Date: 2 2 11	Date: 22/10/20 Signature and Name of Teacher in Charge						
Report/ Action t				Signature and Name of	of Teacher in Charge		
١	Retest granted						
	0/20.	(St Joseph"	s College	Signature ar	nd Name of HOD		
Date: 22/10/2	2026	Venfired	625 591	Signature and Nan	f ne of Principal		



Department	physica	Semester	6	Programme	BSC Physics
Name of Student	Adauch PNinamon	Roll No	2210.	Name of Teacher in charge of the subject	Dr. Praveen Joseph
Course Name	and Code	21	Selict		
			abua	state Phyrice.	
Nature of the r Put tick mark	•		Retest/ Re	evaluation/Scrutiny/ In	mprovement
Reason for requ	iest				
					×
Abs	int during incan	pinations (midica	e)	
	9	26 JU 128 - 70 -	8	Adas	ich
Date: 12/02/2	A & COMPANY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE PARTY OF THE PARTY.				lame of Applicant
Report/ Action	taken by the Teacher cor				
	Potos	t perm	ulted		
	All-s			Dune	/
				Olim	
Date: 14 0.				Signature and Name	of Teacher in Charge
Report/ Action	taken by HOD				
	<i>v</i>		1	4	
	D	est-g	Lante	d	N
	Ker			Å	Sound
0/41	2 21	DEPARTMENT OF	PHYS	ģ	AMPO>
Date: 171				14	nd Name of HOD
Action taken by	Principal	St Joseph's (in eniamatte	••)*/		
		49	85 591		
Date: 14/2/2	021	Verified		Signature and Na	me of Principal
		EGE+MO.			



Department Semester Programme Physics BS. C physto. 2 Name of Roll No Name of Teacher in charge of the subject DA - Phavem Treph Methodology and properties of physics Name of Teacher 4/14a C.M Student Course Name and Code PHICKTON Nature of the request Put tick mark (\checkmark) Retest/ Revaluation/Scrutiny/ Improvement Reason for request Better marking Alega Date: 25/02/21 Signature and Name of Applicant Report/ Action taken by the Teacher concerned Refest given. Date: 26 02 2) Signature and Name of Teacher in Charge Report/ Action taken by HOD Date: 26 02 2 Signature and Name of HOD Action taken by Principal RAKULAN 885 6 Date: 26/2/2021 Verifica Signature and Name of Principal



Department	Physics	Semester	06	Programme	Ric Myris.	
Name of Student	Apandun Balan	Roll No	244	Name of Teacher in charge of the subject	Dr. chitralekha	
Course Name a	and Code				<u> </u>	
		Pelati	Pelantivity Epspectroscopy			
Nature of the r Put tick mark	1		Retest/ Revaluation/Scrutiny/ Improvement			
Reason for request						
Faile	d due to the.	toughney	ofpape	t.I		
Date: 1/04	21			Signature and N	ame of Applicant	
Report/ Action taken by the Teacher concerned						
	Red	need f	posti or	s 8 initiali	Ed relest	
Date: 05 0	4/21			Signature and Name of	Prosphar in Channel	
Report/ Action t				Signature and Name (Nr Teacher III Charge	
	Retes	t grau			,	
Date: 05/04	1/21-	DEPARTMENY	OF PMYSICS	, Ø	MAP nd Name of HOD	
Action taken by	Principal	ARAA ULAM	ttom *			
Date: 5 4	2021	Verified		Signature and Nar	ne of Principal	
	COLAME					



Department	PHYSILS	Semester	02	Programme	BIC PHYSICI.		
Name of Student	VISHNU P.B.	Roll No	3884.	Name of Teacher in charge of the subject	Plances Surger		
Course Name	and Code		MECH. ANIP. PROP. OF MATTER				
Nature of the r Put tick mark			Retest/ Revaluation/Scrutiny/ Improvement				
Reason for request							
F	AILED.						
Date: 13 7 121 Signature and Name of Applicant							
Report/ Action	taken by the Teacher co	oncerned			A A		
Date: 15 0		stast in	iHated	0 <u>9</u>	June -		
Date: 15 10 Report/ Action				Signature and Name	of Teacher in Charge		
1	zzerosztere ana ola por zdeskalataren. S	est- ge	ente	l	٣		
Date: 15 0° Action taken by	1 2) Principal	SEPARTMENT + (SI Jaseoh) + (Arnerana Arnerana	OF PHYSICS	Signature a	nd Name of HOD		
Date: 16(7/2	21	Verified		Signature and Nar	ne of Principal		



ST. JOSEPH'S COLLEGE MOOLAMATTOM

Arakulam, Thodupuzha - 685591

Affiliated to Mahatma Gandhi University Kottayam

www.stjosephscollegemoolamattom.ac.in Email: sjcmoolamattom@gmail.com

Department	Physics	Semester	3.82	Programme	BSC. Physics	
Name of Student	Mania A	Roll No	6462	Name of Teacher in charge of the subject	Pr. Peraveen Joseph	
Course Name	and Code		Hechan Haria d	vices and Proper t.	the of mather.	
Nature of the r Put tick mark	1		Retest/ Revaluation/Scrutiny/ Improvement			
Reason for requ	iest					
For ge	god marks.		е ж	\bigcirc		
Date: 06/06	and and the statement in the second			Signature and N	ame of Applicant	
Report/ Action	taken by the Teacher					
	Rete	st initi	ated			
Date: 0806			*	Signature and Name	of Teacher in Charge	
Report/ Action 1	taken by HOD					
- A -	Re 122.	test p	emteri	on given	- Comp	
Date: 08 01				Signature a	nd Name of HOD	
Action taken by	Principal	Heade	h's College : Mattem	•))		
Date: 86	22	Ven fied	OIL ROL	Signature and Nat	Manne of Principal	
-						



Department	Physics	Semester	-	Programme	nc n
Name of	1 rugsics	D. II N	02		BSC Physics.
Student	Akshai M.S.	Roll No	6465	Name of Teacher in charge of the subject	Dn. Avziup. Mathu
Course Name	and Code	•		J	
			Basics	of Power Electro	nics.
Nature of the r Put tick mark			Retest/ Re	evaluation/Scrutiny/ In	nprovement
Reason for requ	iest ;			-	
64	ood maark neva	mation			
Date: 57	· · · · · · · · · · · · · · · · · · ·			Signature and N	ame of Applicant
Report/ Action	taken by the Teacher co	oncerned			
R	Rev	aluation	initi	ated	
Date: 070	2022			Signature and Name	of Teacher in Charge
Report/ Action t				Signature and Fame	or reacher in charge
. 1	I	- SALENY	OF THE		Calupo-
Date: 07/0	1/22	DEPARTMENT	THYSICS	Signature a	nd Name of HOD
ction taken by	Principal		s Cellege		
Date: Of C	1)22	ARAAJLAM Verified		M Signature and Nat	me of Principal



Department	Phym	Semester	06	Programme	BSC Physics		
Name of Student	Adaush Sumil	Roll No	8843.	Name of Teacher in charge of the subject	Salip		
Course Name	and Code		Solid State Physics				
Nature of the r Put tick mark	1		Retest/ Revaluation/Scrutiny/ Improvement				
Reason for requ	lest						
	respected failure			tions than			
Date: 27/2/23. Date: 27/2/23. Date: 27/2/23. Signature and Name of Applicant							
Report/Action taken by the Teacher concerned Explained the new questions of answers Date: 02/03/23 next examination. Signature and Name of Teacher in Charge Report/Action taken by HOD							
	Suggeste	el a	one to	5 one dis	eussim		
Date: 0 2 10 - Action taken by	5 25	M - DEPARTMENT * St Joseph' Monisma	s College		nd Name of HOD		
Date: 92/03	la3.	Verified	and con /	Signature and Nar	ne of Principal		
	COLLEGE W						



Department	PHYSICS	Semester	Z	Programme	Bs. c pHysics		
Name of Student	Renjal 1575 shoa.	Roll No	4819	Name of Teacher in charge of the subject	Anja. p. Mathews		
Course Name a	and Code		Electronic Application AEIVOTO2				
Nature of the request Put tick mark (✓) Retest/ Revaluation/Scrutiny/ Improvement							
Reason for requ	est						
	for Improving	the Marls	X X	Ge	rel.		
Date: 24/03				Signature and N	ame of Applicant		
	aken by the Teacher con Refest i						
Date: 04 0				Signature and Name of	of Teacher in Charge		
Report/ Action t	aken by HOD						
	Refest						
$\underline{Date: 04} 04$	23.	DEPANTMENT St Joseph's Maggamer	OF PWYSICS College	(X)	MAD nd Name of HOD		
Date: 4 4	23.	Verfied	in an 'y	M Signature and Nar	hand ne of Principal		
					2		



Department	$\widehat{\mathbf{D}}$	Semester	T	Programme	
	Physics		4	Trogramme	B.S.e physics
Name of Student	gopiknishoa Honi	Roll No	6461	Name of Teacher in charge of the subject	Dr. Anju. P. Nathew
Course Name a	and Code		Milan	ocesor epiplicat	
			11100000	eres espinat	
Nature of the r	equest				
Put tick mark	(✓)		Retest/ Re	valuation/Scrutiny/ I	mprovement
Reason for requ	lest				
	6				
6	naujos 13 pro	gremme win	Hen so	failed	
					opilenishe
Date: 24/24	123				Jame of Applicant
Report/ Action	taken by the Teacher c	oncerned			
	Ret	est init	i ated-	×	
Date: 28.0				depo	
Date: 280 Report/ Action t				Signature and Name	of Teacher in Charge
	aken by HOD				
	Retes	it peru	uit-ed		
Date: 280 Action taken by	623. Principal	DEPARTMENT St Joseph MOST) Signature a	and Name of HOD
		Atanounia	Sen 691		1 Dec
Date: 28/6/2	3.	Verified		Signature and Na	me of Principal
	O COLAMA POOLAMA	REW	ž.	~	