



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Ref: AO/UG/SE/Summer 2024

Date:21.06.2024

CIRCULAR

Sub: Special Supplementary Examination for UG final year – Reg.

Special Supplementary Examination / Reassessment for UG students are scheduled from 28/06/2024 to 07/07/2024. Passing out students (2020 B.Tech / 2019 B.Arch, and older batches) who have failed (F) / absent (X) in the regular assessment held in previous sessions (January 2024 semester and earlier) are eligible to appear for the Special Supplementary examination / Reassessment. The SpecialSupplementary / Reassessment will be in OFFLINE mode only.

(a) Registration Procedure

- (i) Login to MIS and complete the online **registration between 24.06.2024 and 25.06.2024**.
- (ii) Take the screenshots of registration page of individual courses
- (iii) Remit the required fees in the State Bank of India, through SB-collect.
- (iv) Fill the attached Personal information form.
- (v) Merge the Registration confirmation screenshots, SB-collect fees receipt and Personal information form as a single file and send to examfees@nitt.edu on or before **25.06.2024, 11pm**.

Mail should be sent ONLY from the student's NITT webmail ID. Supplementary registration request will not be processed without online registration in MIS.

(b) Faculty allotment

- (i) The consolidated list of students will be sent to the concerned department after the verification by the academic office.
- (ii) Faculty allotment will be done by the Heads of the respective Departments and the same will be informed to the students on **28.06.2024**. The students are instructed to contact the faculty concerned for completing the assessments in time. The contact details of faculty are given in the link: <https://www.nitt.edu/home/academics/departments/faculty/>.

(c) Weightage and minimum passing mark for Supplementary Examinations are as per the Institute rules and regulations.

(d) Fees Particulars

| Particulars | Fees (Rs.) |
|----------------------------|------------|
| Examination Fee per course | 500 |
| Mark Sheet | 30 |

R. Partasarathy.

Associate Dean Academic UG - I

To
The Director for kind information
All Head of Departments with a request to circulate among all faculty
First Year Professor in-charge



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REASSESSMENT/SUPPLEMENTARY EXAMINATION
FORM

PERSONAL INFORMATION:

| | | | |
|----|-------------------------|---|--|
| 1. | Name | : | |
| 2. | Roll no | : | |
| 3. | Department | : | |
| 4. | Specialization (For PG) | | |
| 5. | Batch | : | |
| 6. | Contact Number | : | |

LIST OF COURSES REGISTERED IN MIS

| S. No. | Code | Theory Course name | Semester | Fees | SBi collect Fee Receipt No. |
|--------|------|--------------------|----------|------|-----------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |

| S. No. | Code | Laboratory Name | Semester | Fees | SBi collect Fee Receipt No |
|--------|------|-----------------|----------|------|----------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |

TOTAL FEES PAID: Rs. _____

(Rupees _____)

DATE:

SIGNATURE OF THE STUDENT