COCHIN UNIVERSITY OF SCEIENCE AND TECHNOLOGY APPLICATION FOR GRACE MARKS 20.... – 20...

1. Colle	ge/Department/School:				
2. Category:		: ARTS / SPORTS / NSS / NCC			
3. Name of Student (IN CAPITAL LETTERS)		:			
4. Semester/Class/Course		:			
5. Examination Reg. No. and semester for which the Grace mark to be awarded		:			
6. Progra	mmes/Events Participated (Add three	highest achievements during t	he seme	ester)*	
Sl.No.	Event	Level and period of the		ition	% of Grace
		event			Marks
(i)					
(ii)					
(iii)					
	that the above details were verified w	ith office documents and found Signature, Name a	nd Desig	gnation (of Head of the ent/Institution
	FOR	OFFICE USE ONLY			
Highest a	chievement/programme for which gra	ice mark is recommended:			
SI.No.	Details of the event/Pi	rogramme Po	sition	% of 0	Grace Marks
1.					
	(Office Seal)	Recom	mended	d/Not Re	ecommended [*]

^{*} Attested copes of the merit certificate and hall ticket should be attached with the form.

[†] Hon. Treasurer, Cochin University Union (For Arts/Cultural Events), Assistant Director, Dept. of Physical Education (For Sports), Programme Co-ordinator, NSS (For NSS).