



# TKM COLLEGE OF ENGINEERING

GOVERNMENT AIDED AND AUTONOMOUS  
KOLLAM – 691005

## Form-E1

### CONDONATION REQUEST FOR ATTENDANCE

To

The Head of the Department

Department of \_\_\_\_\_

Name of Student:

Roll No.:

Register No.:

Semester :

Branch :

Sir/Madam,

My attendance percentage for the ..... course(s) is/are less than 75% but more than 60%. To enable me to write the End Semester Examination, I humbly request you to relax the minimum attendance requirement for this semester. I hereby attach the required Medical Certificate /.....

#### Course and attendance details

| Si. No. | Course Code | Course Name | Attendance % | Faculty handling the course | Signature of faculty |
|---------|-------------|-------------|--------------|-----------------------------|----------------------|
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |
|         |             |             |              |                             |                      |

Name and Signature of the Student

Name and Signature of Senior Advisor

Approved by Head of the Department

**Note:** 1. Completed form E1 & Original Medical Certificate to be submitted to Senior Advisor.  
2. Scanned Copy of form E1(completed in all respects) and Medical Certificate to be uploaded in Students' portal under condonation tab of Academic Management System.



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## Form-E3

### APPLICATION FORM TO AVAIL THE SERVICE OF SCRIBE

Name of candidate (in capital letters) :

Register No. :

Programme :

Semester :

Branch :

Affix recent  
passport  
size photo here

Course(s) for which the service of scribe is needed

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

### DECLARATION

I hereby declare that the information above is true and correct to my knowledge.

Place:

Signature of candidate

Date:

Name and signature of Deputy controller of Examinations

Approved by Controller of Examinations

## DECLARATION FORM FOR SCRIBES

Name and Address of the scribe (in capital letters):

Date of Birth :

Details of Educational qualifications/examinations appeared:

Name and Register No. of the student for whom the scribe  
is appearing :

Specimen signature of the scribe :