



केन्द्रीय प्रौद्योगिकी संस्थान कोकराझार
CENTRAL INSTITUTE OF TECHNOLOGY KOKRAJHAR

Deemed to be University, MHRD, Govt. of India
Kokrajhar, BTAD, Assam 783370

www.cit.ac.in

REPORT ON THE COMPREHENSIVE EXAMINATION

1. Name of the Student :
2. Roll Number :
3. Academic Department/ Center :
4. Date of Comprehensive Exam :
5. Mode of Comprehensive Exam : Oral only / Written only / Both Oral and Written
6. Number of Attempt : First / Second
7. Brief comments on the Student's Performance in Oral / Written / Both Oral & Written Comprehensive Exam: (if space is not sufficient, Please continue it on back side of this page)

8. Result of the Comprehensive Exam (**Write** Passed / Not Passed):

9. If the result is **Not Passed** and if it is the first attempt, then mention the tentative date for the student to appear for the second attempt of comprehensive exam:

Name & Signature of Comprehensive Examination Committee Members:

Signature			
Name	Member	Member	Member
Signature			
Name	Member	Member	Chairperson

Member Secretary, DPPC/CPPC

Chairperson, DPPC/ CPPC

Remark, if any:	Put up for approval.	Approved
Date:	Dealing Staff of Academic Affairs Section	Chairperson, IPPC

Note: This form is to be submitted by the Comprehensive Examination Committee within 3 working days from the date of comprehensive examination. After signature of the Chairperson, IPPC, the original is to be kept in the personal file of the student in the Academic Affairs Section and photocopy / scanned electronic copy is to be sent to the Chairperson, Comprehensive Examination Committee and to the Chairperson, DPPC/CPPC. The Chairperson, DPPC/CPPC is requested to provide a copy of it to the Supervisors, if appointed.