



NEHRU INSTITUTE OF ENGINEERING AND TECHNOLOGY

T. M. Palayam, Coimbatore-641 105

(Approved by AICTE, New Delhi and Affiliated to Anna University, Chennai)

Accredited by NAAC, Recognized by UGC with Section 2(f) and 12(B)

NBA Accredited Department: AERONAUTICAL, CSE, MECHANICAL



DEPARTMENT OF

STUDENT RECORD

NAME OF THE STUDENT	
ROLL NUMBER	
REGISTER NUMBER	
BATCH	

PERSONAL DETAILS

STUDENT NAME	
DATE OF BIRTH	
BLOOD GROUP	
SEX	MALE / FEMALE
FATHER'S/GUARDIAN NAME	
FATHER'S OCUPATION	
MOTHER'S NAME	
MOTHER'S OCUPATION	
MOTHER TONGUE	
RELIGION	
CASTE	OC / BC / BCM / MBC / SC / ST
ADDRESS FOR COMMUNICATION	
PERMANENT ADDRESS	
FATHER'S PHONE NUMBER	
MOTHERS PHONE NUMBER	
STUDENT PHONE NUMBER	
MAIL ID	

ACADEMIC DETAILS

STUDENT NAME	
ROLL NUMBER	
REGISTER NUMBER	
QUOTA	GOVERNMENT/ MANAGEMENT
DAY SCHOLAR	YES / NO
HOSTELLER	YES / NO
MEDIUM OF INSTRUCTION	TAMIL / ENGLISH/TELUGU/ANY OTHER

EDUCATIONAL DETAILS

MEDIUM	NAME OF THE SCHOOL / INSTITUTIONS	YEAR OF PASSING	PASS % With CLASS
X STD			
XII STD			
DIPLOMA			

FIRST YEAR (I SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

FIRST YEAR (II SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

SECOND YEAR (III SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

SECOND YEAR (IV SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

THIRD YEAR (V SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

THIRD YEAR (VI SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

FINAL YEAR (VII SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

FINAL YEAR (VIII SEMESTER)

Academic year:

Name of the faculty Mentor:

Internal assessment test Performance:

S. No	Sub. Code	Sub. Title	Test1 Mark	Retest Mark	Test2 Mark	Retest Mark	Test3 Mark	Retest Mark	Model Exam	Retest Mark
1										
2										
3										
4										
5										
6										

University Exam Performance:

S.No.	Sub Code	Sub. Name	Attempt 1 Mark	Attempt 2 with year and month of passing	Attempt 3 with year and month of passing	Attempt 4 with year and month of passing

SGPA:

CGPA:

Signature of Class Advisor: _____

TUTOR WARD MEETING DETAILS

Semester:

Date	Comments by students	Follow-up activities	Remarks by tutor	Tutor signature	HOD signature

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