**JAMAL MOHAMED COLLEGE (Autonomous)**

**Accredited with A++ Grade by NAAC with CGPA 3.69 out of 4.0**

**(Affiliated to Bharathidasan University)**

**TIRUCHIRAPPALLI – 620 020**

**DEPARTMENT OF**

**REMEDIAL PROGRAMME FOR SLOW LEARNERS**

**LIST OF SLOW LEARNERS**

**Academic Year: Semester: Class:**

|  |  |  |
| --- | --- | --- |
| **Subject Code / Title** | **Details of Slow Learners** | **Total No. of students** |
| **S.No** | **Name** | **Register Number** |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**JAMAL MOHAMED COLLEGE (Autonomous)**

**Accredited with A++ Grade by NAAC with CGPA 3.69 out of 4.0**

**(Affiliated to Bharathidasan University)**

**TIRUCHIRAPPALLI – 620 020**

**DEPARTMENT OF**

**REMEDIAL PROGRAMME FOR SLOW LEARNERS**

**Circular to the students**

 **Date:**

The students are informed that the remedial classes for slow learners will be conducted as per the schedule given below. Attendance is compulsory.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Venue****(Room No)** | **Class** | **Subject Code / Title** | **Register Nos. of the slow learners** | **Total No. of students** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Head of the Department**

**JAMAL MOHAMED COLLEGE (Autonomous)**

**Accredited with A++ Grade by NAAC with CGPA 3.69 out of 4.0**

**(Affiliated to Bharathidasan University)**

**TIRUCHIRAPPALLI – 620 020**

**DEPARTMENT OF**

**REMEDIAL PROGRAMME FOR SLOW LEARNERS**

**Circular to the staff members**

 **Date:**

The staff members are requested to conduct the remedial classes for slow learners as per the schedule given below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Venue****(Room No)** | **Class** | **Subject Code / Title** | **Name / Initials of Staff members** | **Signature** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Head of the Department**

****

**JAMAL MOHAMED COLLEGE (Autonomous)**

**Accredited with A++ Grade by NAAC with CGPA 3.69 out of 4.0**

**(Affiliated to Bharathidasan University)**

**TIRUCHIRAPPALLI – 620 020**

**DEPARTMENT OF**

**REMEDIAL PROGRAMME FOR SLOW LEARNERS**

**STUDENT ATTENDANCE SHEET**

**Date of Remedial Class: Time: Venue:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Register Number** | **Name** | **Class** | **Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Signature of the Staff Member**

**JAMAL MOHAMED COLLEGE (Autonomous)**

**Accredited with A++ Grade by NAAC with CGPA 3.69 out of 4.0**

**(Affiliated to Bharathidasan University)**

**TIRUCHIRAPPALLI – 620 020**

**DEPARTMENT OF**

**REMEDIAL PROGRAMME FOR SLOW LEARNERS**

**STUDENT PERFORMANCE RECORD**

**Academic Year: Semester: Class:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S.No.** | **Name of the student** | **Register Number** | **Marks obtained in the arrear subjects** | **Marks obtained after the remedial class** |
| **Subject Code / Title** | **Marks** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Head of the Department**