



MODULE / MISSED CLASSES RETAKE FORM

Admitted Batch No.:	
IYATT-ID.:	

Student Name _____ Mobile _____ Email _____

MISSING DATES	MODULE NAME / TEACHER	RETAKE DATES	RETAKE BATCH ID

** Please note that the missed classes/modules confirmed herewith. If students miss any other classes or absent for the above replacement classes she/he needs to pay for the missed classes retake fee again.*

Payment for Module / Missed Classes Retake _____

Date:

Admin Staff / Sales Consultant

Signature of the Student