



**OFFICE OF THE CONTROLLER OF EXAMINATIONS**  
**CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)**  
**TIRUCHIRAPPALLI - 620 018.**

**UG/PG**

**APPLICATION FOR RETOTALING OF VALUED ANSWER SCRIPTS**

1. Name of the Candidate (in CAPITAL letters) :
2. Register Number :
3. Degree & Branch :
4. Month & Year :
5. Course Codes, Titles & Marks Obtained :

S.No	Course Code	Title of the Course	Marks/Obtained		
			CIA	ESE	Total

6. Result copy enclosed.

7. Fee Particulars – Amount Paid: Rs..... Date of Payment.....

**Signature of the Candidate**

**Signature of the HOD**

**\*All UG /PG each paper Rs.300/-**

**\* A copy of the fee Challan to be enclosed.**

Certified that the candidate has appeared for the course code mentioned above in the current semester.

**Signature of the Principal**  
**With seal**

**For COE's Office Use Only**

Application Processed, Total verified and communicated to the Principal on \_\_\_\_\_

Course Code	Before Retotaling	After Retotaling	Result

**Controller of Examinations**