



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

UG / PG

APPLICATION FOR TRANSPARENCY OF VALUED ANSWER SCRIPTS

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

| S.No | Course Code | Course Title | 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.500/-**

*** 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 and Xerox Copy(ies) of Answer Scripts is/are sent to the Principal on _____

Controller of Examinations
