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

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

6. Fee Particulars – Amount Paid: Rs…………………… ..

   Date of Payment……………………………

Date: **Signature of the Candidate**

* For **UG: Rs.1500/-** per paper

* For **PG: Rs.2000/-** per paper

* **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

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For COE's Office Use Only

Remarks:

Date :   **Controller of Examinations**