

CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)

TIRUCHIRAPPALLI - 620 018.

APPLICATION FOR RETOTALING OF VALUED ANSWER SCRIPTS

1. Name	e of the Candidate	(in CAPITAL letters) :				
2. Regis	ster Number	:				
3. Degre	ee & Branch					
4. Mont	h & Year	:				
5. Cour	se Code, Title & M	Iarks Obtained				
S.No	Course Code	Course Title		Marks Obtained		
7. Fee P Signatu			CIA	ESE	Total	
6. Resul	t copy enclosed	: Yes / No				
7. Fee F	articulars – Amou	nt Paid: Rs Date of Payment				
Certifie	are of the Candida d that the candidate	ate e has appeared for the course code mentioned above	ve in the cur	rent seme	e Principa	ıl
* A cop	PG - Rs.300 (each y of the fee Challa date should apply					
 Applica	tion Processed, To	For COE's Office Use Only otal verified and communicated to the Principal on				-

Course Code	Before Retotaling	After Retotaling	Result	Status