OFFICE OF THE CONTROLLER OF EXAMINATIONS



2. Register Number

1. Name of the Candidate (in CAPITAL letters)

CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)

TIRUCHIRAPPALLI - 620 018.

APPLICATION FOR TRANSPARENCY OF VALUED ANSWER SCRIPTS

	e & Branch	:			
4. Month	ı & Year	:			
5. Course	e Code, Title & Ma	arks Obtained			
			Marks Obtained		
S.No.	Course Code	Course Title	CIA	ESE	Total
6. Result copy enclosed : Yes / No				1	
	re of the Candidate that the candidate	e has appeared for the course code mentioned abo			the HOD ester.
			ove in the cui	rent seme	ester. ne Principal
Note: * UG / Po	that the candidate G - Rs.500 (each pof the fee Challan	has appeared for the course code mentioned abo	ove in the cui	rent seme	ester. ne Principal

Controller of Examinations