

1. Name of the Candidate (in CAPITAL letters) :

CAUVERY COLLEGE FOR WOMEN (AUTONOMOUS)

TIRUCHIRAPPALLI - 620 018.

APPLICATION FOR TRANSPARENCY OF VALUED ANSWER SCRIPTS

2. Regist	ter Number	:			
3. Degre	ee & Branch	:			
4. Montl	h & Year	:			
5. Cours	e Code, Title & M	arks Obtained			
S.No.	Course Code	Course Title	Marks Obtained		
			CIA	ESE	Total
6. Result	t copy enclosed	: Yes / No			
	• •	nt Paid: Rs Date of Payment			
	re of the Candida I that the candidat	te has appeared for the course code mentioned above			the HOD ester.
			Signa	ture of th With so	e Principal eal
Note:	OC - Do 1000 (ana)				
	G - Rs.1000 (each of the fee Challa	* * '			
		within 7 days of the publication of the results.			
		For COE's Office Use Only			
Applicat					
	tion Processed and	Xerox Copy(ies) of Answer Scripts is/are sent to	the Principa	al on	
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Controller of Examinations