



Office of the Controller of Examinations

END SEMESTER EXAMINATIONS (NOV - DEC – 202 / APR-MAY 202)

Date:

REGISTRATION FOR PHOTO COPY OF ANSWER SCRIPT

NAME OF THE CANDIDATE	
REGISTER NUMBER	
PROGRAMME	
YEAR / BATCH	
MOBILE NO.	

PHOTO COPIES REQUIRED FOR THE FOLLOWING COURSES

S.NO	SEM	COURSE CODE	COURSE NAME
Total No. of Subjects			

PAYMENT DETAILS

ONLINE PAYMENT DETAILS (Rs:300/-per Subject for UG / PG/ Ph.D.)	No. of Subject(s) _____ X 300 =Rs _____/- In words ()
TRANSACTION ID WITH DATE	(Enclose the Proof)

SIGNATURE OF THE STUDENT

HOD

COE

College Bank Account Details for Online Payment:

BANK NAME	CANARA BANK
BRANCH NAME	AVINASHI ROAD, COIMBATORE
ACCOUNT NAME	THE CHIEF SUPERINTENDENT
IFSC CODE	CNRB0016121
ACCOUNT NUMBER	61212010015888

Office Use only

Payment Received	Yes / No	Remarks:
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Verified By

Approved By