

OFFICE OF CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR GRADE SHEET CORRECTION					
NAME OF THE CANDIDATE					Affix recent Passport Size Photograph (If needed)
ROLL NO					
PROGRAMME & BRANCH					
YEAR / BATCH					
NUMBER OF GRADE SHEETS TO BE CORRECTED: (Fill the grade sheet serial no.)					
Semester: I	Semester: II	Semester: III		Semester: IV	
Sl.No:	Sl.No:	Sl.No:		Sl.No:	
Semester: V	Semester: VI	Semester: VII		Semester: VII	
Sl.No:	Sl.No:	Sl.No:		Sl.No:	
Consolidated Grade Sheet Serial No. (If needed) :					
ADDRESS (Full Address with Contact details)		MOBILE NO:			
TYPE OF CORRECTIONS (Tick (✓) the Requirements)		PHOTO	DOB	NAME	OTHERS(SPECIFY)
MENTION THE PROOF FOR CORRECTION					
<ul style="list-style-type: none"> If Photo means Affix Passport size Photograph Attach the Proof for Correction 					
ONLINE PAYMENT DETAILS:					
No. Of Grade Sheet(s) _____ x 500 = Rs. _____					
Total = _____					
Date :		SIGNATURE OF THE APPLICANT		HOD	

College Bank Account Details for Online Payment:

BANK NAME	THE KARUR VYSYA BANK LIMITED
BRANCH NAME	POLLACHI
ACCOUNT NAME	DR MCET-EXAMINATION FEES
IFSC CODE	KVBL0001181
ACCOUNT NUMBER	1181135000018202

For office use only:

Whether Submitted the OLD Grade sheets : Yes / No	
ONLINE PAYMENT TRANSACTION ID WITH DATE:	

Online Payment Verification

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Received By: (Name & Signature)	Date:
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