

OFFICE OF CONTROLLER OF EXAMINATIONS

APPLICATION FORM FOR ISSUING NO BACKLOG CERTIFICATE				
NAME OF THE CANDIDATE				
ROLL No.				
PROGRAMME & BRANCH				
YEAR / BATCH				
No. OF COPIES REQUIRED				
CERTIFICATES REQUIRED UPTO: (TICK the semester)	V	VI	VII	VIII
WHETHER ORIGINALS OF THE ABOVE MENTIONED CERTIFICATES HAVE BEEN PRODUCED	YES / NO			

Payment Details :

ONLINE PAYMENT DETAILS (Rs:300/- per Course)	No. of Subjects(s) ____ X 300 = Rs _____ /- In words (
ONLINE PAYMENT TRANSACTION ID WITH DATE	(Enclose the Proof)

SIGNATURE OF THE APPLICANT WITH DATE

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 CoE Office use Only:

Date of Receipt of application from the candidate	
Date of issue of certificate	

Verified by

COE