

**OFFICE OF CONTROLLER OF EXAMINATIONS**

<b>APPLICATION FORM FOR CGPA TO PERCENTAGE CERTIFICATE</b>	
NAME OF THE CANDIDATE	
ROLL No.	
PROGRAMME & BRANCH	
YEAR / BATCH	
SEMESTER UPTO WHICH CGPA TO PERCENTAGE CERTIFICATE REQUIRED	

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

**SIGNATURE OF THE APPLICANT WITH DATE**

**HOD**

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**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	

**Online Payment Verification**

**COE**