

END SEMESTER EXAMINATION _____

Date:

REGISTRATION FOR PHOTO COPY OF ANSWER SCRIPT

NAME OF THE CANDIDATE	
ROLL NO.	
PROGRAMME	
YEAR / BATCH	
MOBILE NO.	

PHOTO COPIES REQUIRED FOR THE FOLLOWING COURSES

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

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 STUDENT

HOD

COE

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

Office Use only

Payment Received	Yes / No	Remarks:
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Verified By

Approved By