

END SEMESTER EXAMINATION _____

Date:

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

REVALUATION REQUIRED FOR THE FOLLOWING COURSES			
S.NO	SEM	COURSE CODE	COURSE NAME
Total No. of course			

Payment details :

ONLINE PAYMENT DETAILS (Rs:400/- per course for UG) (Rs:1,000/- Per course for PG)	No. of Subjects(s) ____ X = 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:

Verified By

Approved By