



G. VENKATASWAMY NAIDU COLLEGE (AUTONOMOUS),

Re-Accredited with 'A' Grade by NAAC | DBT Star College Scheme

(Affiliated to Manonmaniam Sundaranar University, Tirunelveli)

Kovilpatti – 628 502.

APPLICATION FORM FOR ADDITIONAL SUPPLEMENTARY EXAMINATIONS, JUNE 20_____

1. Name :

2. Programme & Branch :

3. Register No:

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4. Address:
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Mobile No. :

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5. Month and Year of the Examination: _____

6. Courses, in which Supplementary Examination is sought

S.No	Semester	Course Code	Course Title
1.			
2.			
3.			
4.			
5.			

7. Fee detail:- Additional Supplementary Examinations – Rs. 1000/- per course

Details of fee paid:

8. Amount Paid : Rs _____

9. Date of Payment: _____

DECLARATION

I declare that the particulars furnished above are true to the best of my knowledge and belief. I do hereby further agree that any dispute arising between the Office of Controller of Examinations and myself relating to the Examination to be held, shall be resolved/ decided by the Examination Committee of our College.

Station:

Date:

SIGNATURE OF THE CANDIDATE

HEAD OF THE DEPARTMENT

PRINCIPAL