



G. VENKATASWAMY NAIDU COLLEGE (AUTONOMOUS),

Re-Accredited with 'A' Grade by NAAC
(Affiliated to Manonmaniam Sundaranar University, Tirunelveli)
Kovilpatti - 628 502.

APPLICATION FORM FOR SPECIAL SUPPLEMENTARY EXAMINATIONS, JUNE 20_____ (Applicable only for a maximum of one Subject)

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. Course, in which Supplementary Examination is sought

S.No	Semester	Course Code	Course Title
1.			

7. Fee detail:-

Special Supplementary Examinations - Rs. 1000/- per course

Details of fee paid:

8. Amount 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