

G.VENKATASWAMY NAIDU COLLEGE (AUTONOMOUS), KOVILPATTI -2. (Affiliated to Manonmaniam Sundaranar University, Tirunelveli) (Reaccredited by NAAC with 'A' Grade | DBT - STAR College scheme)

O/o CONTROLLER OF EXAMINATIONS

APPLICATION FOR TRANSPERENCY – ESE APRIL/NOVEMBER 20____

1. Student Details

Name of the Student	:
Register Number	:
Programme & Major	:
Contact Number	:

2. Course details for which transparency is required:

Application Number: _____

S.No	Course Code	Course Name	Marks Obtained	
			CIA	ESE
Total	Number of Cours	e (s) for transparency		
3. Paym	ent Details			
Total	Amount Paid (₹):	Date of Payment:		
Mode	of Payment: Cas	sh UPI		
Date o	of Transaction &	Transaction ID (for UPI):		
4. Decla	ration			
I hereby	declare that the i	nformation provided above is true to the	best of my	knowledge
Date:		Signa	ature of th	ne Student
	Approval e this applicatior	for revaluation.		
Date:		Si	gnature o	of the HoD
6. For 0	ffice Use Only			
Date of	of Submission:			
Receiv	ved By :_			