

Receipt No.
Amount Rs.....
Date of payment.....



A.V.C. COLLEGE (AUTONOMOUS) MANNAMPANDAL, MAYILADUTHURAI
(Reaccredited and awarded 'A' Grade by NAAC)

APPLICATION FOR RETOTALLING OF MARKS

Name		Register No.	
Programme	Course		Date of Birth

Address of candidate :

Mobile No :

To

Controller of Examinations
A.V.C. College (autonomous)
Mannampandal – 609 305

Sir,

I wish to have the following script(s) RETOTALLED

Sl.No.	TITLE OF THE PAPER	COURSE CODE	SEMESTER NO.
1.			
2.			
3.			
4.			

I am remitting the prescribed fees and enclosing the concerned receipt.

Office seal

SIGNATURE OF THE STUDENT

Note: Enclose Xerox copy of the Mark Statement. Rs.200/- for each paper.

(COE OFFICE USE ONLY)

Receipt No.
and Date :

Result : Confirmed / Revised

Amount :

Amount
Refunded : Yes/No

CONTROLLER OF EXAMINATIONS