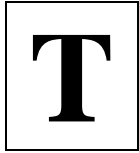


**Dr. SNS RAJALAKSHMI COLLEGE OF ARTS AND SCIENCE**

**(AUTONOMOUS)**

**COIMBATORE-641 049**



**APPLICATION FOR RETOTALLING**

1. Name of the Candidate : \_\_\_\_\_

2. Register Number : \_\_\_\_\_

3. Degree & Branch of Study : \_\_\_\_\_

4. Subject for which RE-TOTALLING is required

Course Code	Course Title	Mark Secured			Result	Semester, Month & Year of Last Appearance
		CIA	ESE	Total		

*(PHOTO COPY OF THE STATEMENT OF MARKS / PRINT OUT OF THE MARKLIST OBTAINED FROM THE COLLEGE WEBSITE MUST BE ENCLOSED ALONG WITH THIS APPLICATION)*

**Particulars of Fees Payment**

**Amount Rs.** \_\_\_\_\_ **(Rupees** \_\_\_\_\_ **)**

**Date:**

Signature of the Candidate

Signature of the HOD