



Dr. SNS RAJALAKSHMI COLLEGE OF ARTS AND SCIENCE
(AUTONOMOUS)
COIMBATORE-641 049

APPLICATION FOR OBTAINING PHOTO COPY OF THE VALUED ANSWER SCRIPT

1. Name of the Candidate : _____

2. Register Number : _____

3. Degree & Branch of Study : _____

4. Subject for which Photo Copy 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