

**SREE SARASWATHI THYAGARAJA COLLEGE, (AUTONOMOUS)  
THIPPAMPATTI, POLLACHI - 642 107**

**Application for Examination Related Grievances**

**Personal Data**

<b>1. Register Number:</b>	
<b>2. Name :</b>	
<b>3. Program :</b>	
<b>4. Date of Birth :</b>	

**Encircle the appropriate provision(s)**

1. Xerox copy of valued answer scripts                      2. Revaluation after getting Xerox copy

**Particulars of courses for which the application is made**

S.No	Provision	Course Code	Name of the Course (Paper)	Fees (₹)
1.				
2.				
3.				
4.				
5.				
6.				
7.	Application Fees			
8.	Statement of Marks/Grade Card			
<b>Total (₹)</b>				

**Date :**

**Candidate**

**HOD**

**Dean**

**COE**

**Principal**

**Date of Payment**

**Cashier**

**Accounts Officer**