NallamuthuGounderMahalingam College

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90,PalghatRoad,Pollachi -642001,Coimbatore, Tamil Nadu, India.

95th Rank in NIRF –2023 - Among Colleges in India.

Criteria:2.TEACHINGLEARNINGAND EVALUATION

KeyIndicator:2.5- Evaluation Process and Reforms

2.5.2- DVV Clarifications

Provide Minutes of the grievance cell / relevant body. Provide the list of students who have applied for revaluation / retotaling program wise/ any other grievances related to examination certified by Principal/ Controller of Examinations year-wise for the Assessment period for the year 2018-19,2019-20,2020-21,2021-22,2022-23..

Sl. No	DVV Clarifications	Link to Relevant Doc.
1	Circular for Revaluation	Click here
2	**The list of students who have applied for revaluation / retotaling**	Click here
3.	Revaluation Application	Click Here
4.	**Report of the Grievances from the relevant Body- Controller of Examination**	Click Here

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Criteria:2.TEACHINGLEARNINGANDEVALUATION

KeyIndicator:2.5EvaluationProcessandReforms

Metric:2.5.2 Percentage of student complaints/grievances about evaluation against total number appeared in the examinations during the last five years

Circular for Revaluation (May 2019)

2018-2019

2.5.2 Revaluation Details (2018-2019)

NGM COLLEGE (AUTONOMOUS)

Re-Accredited with 'A' Grade by NAAC & ISO 9001 : 2015 Certified
Affiliated to Bharathiar University, Coimbatore
POLLACHI

Office of the Controller of Examinations

Ref.: CE/SE/UG&PG/Sem-I to VI /May-2019 DATED: 31.05.2019

Notification

Sub: Fees & Date for Revaluation / Re-totalling–Reg.

****

UG Degree students of 2016-2017, 2017-2018 and 2018-2019 Batch (Aided and Self-Financing) and **PG Degree** students of 2017-2018 and 2018-2019 Batch (Aided and Self-Financing) who intend to apply for **Revaluation / Retotalling / Xerox copy** of the Theory Paper(s) of the End-of-Semester Examinations held during **May – 2019** may apply using the prescribed form(s) and paying the prescribed fees.

REFUND OF REVALUATION FEE :

A partial Refund will be made as per the following conditions.

- If a failed candidate passes with a difference of more than 11 marks.

(OR)

- If a passed candidate secures additional 12 marks or more a refund of Rs.200/- will be made out of Revaluation fee.

The Last Date for submission of the filled in application form and payment of fee is **Monday the 10th June 2019.** Intending candidates can contact the **Examination Office.**

Fee Schedule

S.No	Programmes	Application Fee	Statement of Marks	Revaluation	Re-Totalling	Xerox Copy
1.	UG	50	100	300	250	250
2.	PG*	50	100	500	250	250

* - for 2017 Batch onwards

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Copy to
The Principal, Notice Board & File

Note: Students applying for Revaluation should submit their Website Printout Marks Sheets along with their application forms.

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Criteria: 2. TEACHING LEARNING AND EVALUATION

Key Indicator: 2.5 Evaluation Process and Reforms

Metric: 2.5.2 Percentage of student complaints/grievances about evaluation against total number appeared in the examinations during the last five years

List of students who have applied for revaluation /retotaling

2018-2019

2.5.2 Revaluation Details (2018-2019)

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List of Students Applied for Revaluation/ Retotaling (May 2019)

S. No	Reg. No	Name of the Student	Code & Title of the Paper	CIA	Ist Val	Re-Val	Difference	Final	Total	Result
					ESE	ESE		ESE	(CIA+ESE)	
1	18-MA-44	SALINI.L	18UMS101 CLASSICAL ALGEBRA	11	19	30	11	30	41	P
2	16-MA-02	GOWTHAM.E	16UMS407 STATICS	5	13	21	8	21	26	RA
			16UMS408 OPERATIONS RESEARCH -I	3	30	30	0	30	33	RA
			16UMS513 PROGRAMMING IN "C"	4	24	32	8	36	40	PM
3	16-MA-04	PRADEEP.D	16UMS509 MODERN ALGEBRA	3	30	32	2	37	40	PM
			16UMS510 REALANALYSIS -I	5	11	31	20	35	40	PM
4	16-MA-06	VIGNESHWARAN.M	16UMS510 REALANALYSIS -I	8	18	30	12	32	40	PM
5	16-MA-24	KIRUBA.K	16UMS510 REALANALYSIS -I	13	23	41	18	41	54	P
6	16-MA-29	MADHU BALA.A	16UMS510 REALANALYSIS -I	16	46	52	6	52	68	P
7	16-MA-31	MANJULA DEVI.S	16UMS510 REALANALYSIS -I	13	24	37	13	37	50	P
8	16-MA-34	MATHIARASI.S	16UMS510 REALANALYSIS -I	10	24	32	8	32	42	P
9	16-MA-38	PAVITHRA.G	16UMS510 REALANALYSIS -I	15	30	33	3	33	48	P

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10	16-MA-44	SAGUNTHALADEVI .D	16UMS510 REALANALYSIS -I	13	24	28	4	30	43	P
11	16-MA-45	SANGAVI.E.M	16UMS510 REALANALYSIS -I	9	13	27	14	31	40	PM
12	16-MA-07	VISHNU PRASATH.N	16UMS511 OPERATIONS RESEARCH -II	10	20	30	10	30	40	P
			16UMS513 PROGRAMMING IN "C"	6	24	34	10	34	40	P
13	16-MA-11	BABY.R	16UMS511 OPERATIONS RESEARCH -II	12	24	39	15	39	51	P
14	16-MA-03	MUNIYAPPARAJA .M	16UMS513 PROGRAMMING IN "C"	5	22	33	11	35	40	PM
15	17-PM-02	DHARANIDHARAN.G	17PMS311 TOPOLOGY	17	49	45	-4	49	66	P
			17PMS314 GRAPH THEORY	18	38	41	3	41	59	P
16	17-PM-20	NANDHINI.S	17PMS311 TOPOLOGY	20	55	52	-3	55	75	P
			17PMS312 FUNCTIONALANALYSIS	18	52	53	1	53	71	P
17	17-PM-23	PAVITHRA.V	17PMS311 TOPOLOGY	24	63	57	-6	63	87	P
			17PMS314 GRAPH THEORY	22	51	63	12	63	85	P
18	17-PM-33	SUGUNA.S	17PMS312 FUNCTIONALANALYSIS	9	32	39	7	39	48	RA
20	17-PM-16	KAVIYA.M	17PMS314 GRAPH THEORY	13	31	41	10	41	54	P
21	17-PM-26	PRIYA.M	17PMS314 GRAPH THEORY	14	32	42	10	42	56	P
22	17-PM-30	SHANMUGAPRIYA.P	17PMS314 GRAPH THEORY	8	26	40	14	40	48	RA
23	16-PH-26	GAYATHRY.S	16UPS508 CLASSICAL DYNAMICS	20	52	31	-21	52	72	P

2.5.2. List of Students Applied for Revaluation/ Retotaling (May 2019)

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24	16-PH-34	LATHIKA.G	16UPS508 CLASSICAL DYNAMICS	19	49	39	-10	49	68	P
25	18-PP-02	ALAGU VARSHINI.S	18PPS101 MATHEMATICAL PHYSICS	9	28	11	17	28	37	RA
			18PPS102 CLASSICAL & NON LINEAR DYNAMICS	8	20	8	-12	20	28	RA
			18PPS103 MATHEMATICAL PHYSICS	10	38	18	-20	38	48	RA
			18PPS1E1 APPLIED ELECTRONICS	7	18	15	-3	18	25	RA
26	18-PP-03	ANGELKIRUBARANI.J	18PPS1E1 APPLIED ELECTRONICS	4	39	32	-7	39	43	RA
27	18-PP-09	GOMATHI.K	18PPS1E1 APPLIED ELECTRONICS	9	35	30	-5	35	44	RA
28	18-PP-12	KALAINILA.P	18PPS101 MATHEMATICAL PHYSICS	9	39	31	-8	39	48	RA
			18PPS103 MATHEMATICAL PHYSICS	10	38	30	-8	38	48	RA
29	18-PP-16	MANIMEGALAI.M	18PPS1E1 APPLIED ELECTRONICS	9	39	17	-22	39	48	RA
30	17-PP-04	JOSHU.J	17PPS311 CONDENSED MATTER PHYSICS	10	37	30	-7	37	47	RA
31	17-PP-16	JINSHA.Y	17PPS311 CONDENSED MATTER PHYSICS	7	39	30	-9	39	46	RA
32	17-PP-17	KALPANA	17PPS3E2 OPTOELECTRONICA AND NANOSCIENCE	10	37	30	-7	37	47	RA
33	17-PP-29	SWATHY KRISHNA	17PPS311 CONDENSED MATTER PHYSICS	13	33	30	-3	33	46	RA
34	17-PP-28	SHANKAR.V	17PPS3E2 OPTOELECTRONICA AND NANOSCIENCE	11	37	17	-20	37	48	RA
35	16-CH-13	SARAVAN KUMAR.T	16UCY2A2 ANCILLARY MATHEMATICS FOR CHEMISTRY-II	4	30	36	6	36	40	P

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36	16-CH-06	MAHENDRA BOOPATHY.H	16UCY508 ORGANIC CHEMISTRY-II	8	14	30	16	32	40	PM
37	16-CH-34	MUTHULAKSHMI.P	16UCY508 ORGANIC CHEMISTRY-II	9	23	36	13	36	45	P
38	16-CH-10	SAMPATH KUMAR.K	16UCY508 ORGANIC CHEMISTRY-II	12	24	36	12	36	48	P
39	16-CH-41	SHANMUGA NIVRDITHA.M	16UCY508 ORGANIC CHEMISTRY-II	21	34	42	8	42	63	P
40	18-BT-12	SASIKUMAR.C	18UBY101 PLANT DIVERSITY-I	6	21	11	-10	21	27	RA
41	18-ZL-12	VISHNUNATH.G	18UZY1A1 ANCILLARY BOTANY PAPER-I	20	48	40	-8	48	68	P
42	17-ZL-06	MAKESH KUMAR.D.S	17UZY304 CELL BIOLOGY	18	49	40	-9	49	67	P
43	17-HT-24	RAVI SANKARAN.K.A	17UHY306 HISTORY OF INDIA FROM 1947	23	53	62	9	62	85	P
			17UHY3A3 INDIAN CONSTITUTION	24	56	62	6	62	86	P
44	16-HT-19	NIRMAL PRASATH.S	16UHY514 ARCHAEOLOGY	23	62	64	2	64	87	P
45	16-HT-25	SENTHIL KUMAR.P	16UHY514 ARCHAEOLOGY	14	19	43	24	43	57	P
46	16-HT-26	SHANMUGAVEL.A	16UHY514 ARCHAEOLOGY	23	56	57	1	57	80	P
47	16-HT-30	SURENDARDOSS.D	16UHY514 ARCHAEOLOGY	22	55	63	8	63	85	P
48	18-CH-05	RAMU.B	18UEN101 COMMUNICATION SKILLS-1	14	22	22	0	22	36	RA
49	17-IT-19	MUTHUKUMAR.R	17UEN101 COMMUNICATION SKILLS-2	10	16	23	7	23	33	P
			17UIT101 PROGRAMMING IN C	5	18	15	-3	18	23	RA

2.5.2. List of Students Applied for Revaluation/ Retotaling (May 2019)

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			17UIT102 COMPUTER SYSTEM ARCHITECTUTE	4	30	16	-14	30	34	RA
			17UIT309 CLIENT/SERVER COMPUTING	10	24	20	-4	24	34	RA
50	18-SE-19	AJIBA BANU.U	18UEL102 POETRY-I	11	19	31	12	31	42	P
51	18-PL-28	SOWTHAMINI.J	18PEL101 BRITISH LITERATURE FROM THE AGE OF CHAUCER TO PRE-ROMATIC AGE	11	35	34	-1	35	46	RA
52	18-PL-15	MOHANASUNDARI.T	18PEL102 BRITISH LITERATURE FROM ROMATIC AGE TO VICTORIAN AGE	13	35	38	3	38	51	P
53	18-CE-67	KARTHIK.K	18UCS101 PROGRAMMING IN C	11	24	27	3	30	41	PM
54	18-CS-06	NAVEENPRASATH.N	18UCS1A1 MATHEMATICS-I	14	18	12	-6	18	32	RA
55	16-CE-27	CHELLAMAL.M	16UCS517 DOT NET PROGRAMMING	8	23	15	-8	23	31	RA
56	16-CE-98	SABITHA.B	16UCS5E2 CYBER SECURITY	7	24	30	6	33	40	PM
57	17-BC-05	GOWTHAM RAJ.C	17UBC307 RDBMS AND VISUAL PROGRAMMING	8	24	14	-10	24	32	RA
58	17-BC-32	SURYA PRAKASH.B	17UBC307 RDBMS AND VISUAL PROGRAMMING	10	18	13	-5	18	28	RA
59	17-BC-34	VARUNAKARAN.S	17UBC307 RDBMS AND VISUAL PROGRAMMING	9	23	16	-7	23	32	RA
			17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	11	24	21	-3	24	35	RA
60	17-BC-80	MOHANASUNDHARAM.T	17UBC307 RDBMS AND VISUAL PROGRAMMING	13	23	22	-1	23	36	RA
61	17-BC-14	MANIKANDAN.S	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	10	24	23	-1	24	34	RA

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62	17-BC-29	SELVAGANAPATHY.K	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	12	20	20	0	20	32	RA
63	17-BC-31	SUBASH CHANDRA BOSE.M	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	10	23	17	-6	23	33	RA
64	17-BC-33	THARUN KUMAR.S	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	10	24	23	-1	24	34	RA
65	17-BC-40	ANANDHI.S	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	14	24	32	8	32	46	P
66	17-BC-44	GOKILA PRIYA.D	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	16	14	31	17	31	47	P
67	17-BC-46	KEERTHI VASUKI.D	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	11	22	24	2	24	35	RA
			17UBC309 DATA STRUCTURES AND ALGORITHMS	11	22	19	-3	22	33	RA
68	17-BC-50	PRETHIKA.C	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	11	21	26	5	30	41	PM
			17UBC309 DATA STRUCTURES AND ALGORITHMS	14	20	14	-6	20	34	RA
69	17-BC-59	YOGASHRI.V	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	15	21	22	1	22	37	RA
70	17-BC-60	RISHIBALAN.R	17UBC308 SHELL PROGRAMMING IN OPERATING SYSTEMS	18	20	20	0	20	38	RA
71	17-BC-19	NACHIMUTHU.G	17UBC309 DATA STRUCTURES AND ALGORITHMS	13	22	19	-3	22	35	RA
72	16-BC-74	PUVIYARASU.M	16UBC414 AN INTRODUCTION TO WEB DESINING & PROGRAMMING	8	30	16	-14	30	38	RA
			16UBC415 SOFTWARE ENGINEERING	7	30	16	-14	30	37	RA
73	16-BC-64	DHIVYAPRASANTH.S	16UBC4A4 MATHEMATICS-II COMPUTER BASED OPTIMIZATION TECHNIQUES	11	28	13	-15	30	41	PM

2.5.2. List of Students Applied for Revaluation/ Retotaling (May 2019)

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			16UBC519 FRAMEWORK TECHNOLOGIES	6	17	21	4	21	27	RA
74	16-BC-68	MADHUVIGNESH.M	16UBC519 FRAMEWORK TECHNOLOGIES	7	18	28	10	33	40	PM
			16UBC4A4 MATHEMATICS-II COMPUTER BASED OPTIMIZATION TECHNIQUES	9	23	20	-3	23	32	RA
75	16-BC-69	MARUDHANAYAGAM.S.S	16UBC519 FRAMEWORK TECHNOLOGIES	9	22	30	8	31	40	PM
			16UBC4A4 MATHEMATICS-II COMPUTER BASED OPTIMIZATION TECHNIQUES	12	21	18	-3	21	33	RA
76	16-BC-86	VIKASHRAHUL.K	16UBC519 FRAMEWORK TECHNOLOGIES	6	21	25	4	25	31	RA
77	16-BC-108	PREETHARAJALAKSHMI.K	16UBC519 FRAMEWORK TECHNOLOGIES	7	25	21	-4	25	32	RA
78	16-BC-63	DARANIANANDHAN.E	16UBC520 SOFTWARE TESTING	9	21	17	-4	21	30	RA
79	16-BC-67	KAVIN SURYA.M	16UBC520 SOFTWARE TESTING	8	25	16	-9	25	33	RA
80	16-BC-78	SIVAKAILASH.S	16UBC520 SOFTWARE TESTING	8	22	19	-3	22	30	RA
81	16-BC-79	SRIDHAR.D	16UBC520 SOFTWARE TESTING	11	21	24	3	24	35	RA
82	16-BC-87	YUVARAJ.M	16UBC520 SOFTWARE TESTING	4	21	13	-8	21	25	RA
			16UBC4A4 MATHEMATICS-II COMPUTER BASED OPTIMIZATION TECHNIQUES	6	26	16	-10	26	32	RA
			16UBC521 NETWORKS	6	26	12	-14	26	32	RA
83	17-IT-06	DINESH KUMAR.D	17UIT1A1 STASTISTICAL METHODS	3	30	23	-7	30	33	RA
84	17-IT-10	GOVINDRAJ.K	17UIT3A3 MICROPROCESSOR & ASSEMBLY LANGUAGE PROGRAMMING	6	25	17	-8	25	31	RA

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85	16-IT-25	M.VIGNESHWARAN.M	16UIT516 OPERN SOURCR METHODOLOGIES	10	23	20	-3	23	33	RA
			16UIT517 MOBILE COMPUTING	5	19	19	0	19	24	RA
86	16-IT-30	DHARANI.R	16UIT517 MOBILE COMPUTING	8	21	30	9	32	40	PM
87	16-IT-54	SUDHADEVI.K	16UIT517 MOBILE COMPUTING	5	25	24	-1	25	30	RA
88	17-CT-03	ASIK RAHIMAN.M	17UCT101 C PROGRAMMING	2	32	16	-16	32	34	RA
			17HEC303 HUMAN EXCELLENCE-PROFESSIONAL VALUES & SKY YOGA PRACTICE-III	10	6	7	1	7	17	RA
			17UCT307 JAVA PROGRAMMING	4	30	21	-9	30	34	RA
89	17-CT-08	KATHIRESH.C	17UCT3A3 COMPUTER SYSTEM ARCHITECTURE	12	24	23	-1	24	36	RA
90	18-MC-23	PRIYANKA.A	18PCS101 ANDROID PROGRAMMING	9	39	31	-8	39	48	RA
			18PCS103 INFORMATION SECURITY	8	40	30	-10	40	48	RA
91	18-CM-11	POOMANIKANDAN.S	18UCO1A1 BUSINESS ECONOMICS	10	15	20	5	20	30	RA
92	17-CO-67	JAYAKUMAR.S	17UO308 PRINCIPLES OF MARKETING	4	30	32	2	32	36	RA
			17UCO306 INCOME TAX	4	30	34	4	36	40	PM
93	17-CO-10	SHANKAR.S	17UCO307 COMPANY LAW	11	20	30	10	30	41	P
94	17-CO-04	GOKUL PRASATH.M	17UO308 PRINCIPLES OF MARKETING	9	22	30	8	31	40	PM
95	17-CO-73	MANOJ KUMAR.M	17UO308 PRINCIPLES OF MARKETING	5	30	19	-11	30	35	RA

2.5.2. List of Students Applied for Revaluation/ Retotaling (May 2019)

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96	17-CC-85	DEEPADHARANI.M	17UCC306 PRINCIPLES OF MARKETING	15	22	22	0	22	37	RA
97	17-CC-143	PRABHUSHANKAR.B	17UCC306 PRINCIPLES OF MARKETING	15	21	15	-6	21	36	RA
98	15-BI-02	CHENDURVELAN.S.M	15UBI409 COST ACCOUNTING	12	14	30	16	30	42	P
99	18-PC-03	INDIRA KUMAR.V	18PCO102 MARKETING MANAGEMENT	7	40	20	-20	40	47	RA
100	17-MO-04	DHARMARAJ.P	17PCC209 VB.NET	9	39	39	0	39	48	RA
101	17-PS-12	SELVARAJ.Y	17PMC317 RESOURCE MANAGEMENT SYSTEM	7	38	18	-20	38	45	RA
			17PMC319 . NET FRAMEWORK	7	38	25	-13	38	45	RA
			17PMC533 DATA MINING & WAREHOUSING	10	38	20	-18	38	48	RA
102	16-MA-06	VIGNESHWARAN.M	16EVS201 ENVIRONMENTAL STUDIES	-	8	11	3	11	11	RA

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Criteria:2.TEACHINGLEARNINGANDEVALUATION

KeyIndicator:2.5EvaluationProcessandReforms

Metric:2.5.2Percentageofstudent complaints/grievancesaboutevaluationagainsttotalnumber appearedintheexaminationsduringthelast five years

Application form for revaluation/retotaling

2018-2019

2.5.2 Revaluation Details (2018-2019)

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : BABY R.
REGISTER NUMBER : 16-MA-11
COURSE & BRANCH : B.Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9842084642

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Linear Algebra	16 UMS 615	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Baby.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 300

Application Fees - ₹ 150

Total Fees - ₹ 450/-

By D.D. No. Dt. : Bank

Name : BABY R.

Reg. / Roll No. : 16-MA-11

Course : B.Sc., Mathematics (Aided)

Semester : VI

Sign. of Remitter : R. Baby

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : D.PRADEEP

REGISTER NUMBER : 16-MA-04

COURSE & BRANCH : B.Sc [Mathematics]

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8973479641

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

D.P

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees ₹50/-

Total ₹50/-

By D.D. No. Dt.: Bank

Name : D. Pradeep

Reg. / Roll No. : 16-MA-04

Course : B.Sc (Mathematics)

Semester : VI

Sign. of Remitter : D. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : N. Vishnu Prasath.
REGISTER NUMBER : 16-MA-07
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 8946067374

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

N. Vishnu Prasath.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

6 x 300 = 1800 -

Biz = 900

P.M

total 2700

By D.D. No. Dt. : Bank

Name : Gowri Lankari. N Vishnu Prasath.

Reg. / Roll No. : ~~19-UG-02~~ 19-MP-07

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

1 x 300 = 300

A F = 150

450

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Lavanya
REGISTER NUMBER : 16-MA-27
COURSE & BRANCH : B. Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9094943751

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Lavanya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 300 Rs

App. fees - 150 Rs

Total fees - 450 Rs only

By D.D. No. Dt. : Bank

Name : S. Lavanya

Reg. / Roll No. : 16-MA-27

Course : B.Sc. Mathematics (Aided)

Semester : VI

Sign. of Remitter : S. Lavanya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sathaesh kumar.M
REGISTER NUMBER : 16-MA-05
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9786148338

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMPLEX ANALYSIS	16UMS611	VI

I am remitting the prescribed fees.

Yours faithfully,

M. Sathaesh kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

2

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

By D.D. No. Dt. : Bank

Name : M. Sathishkumar

Reg. / Roll No. : 16UMA05

Course : B.Sc Mathematics

Semester : VI

Sign. of Remitter : M. Sathish

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : SANGHAVI. E.M
REGISTER NUMBER : 18-PM-29
COURSE & BRANCH : M.Sc. MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9809203334

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PARTIAL DIFFERENTIAL EQUATIONS	18PMS207	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS207 - Partial differential Equations Received
S. Sanjul
04/06/19

Yours faithfully,

S. Sanjul
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

P. Rajguru
4/6/19

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee	Rs. 650/-
	Rs. 650/-

By D.D. No. Dt.: Bank

Name : Sargavi. E.M

Reg. / Roll No. : 18-PM-09

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : S. Sargavi

Cashier *Officer / Asst. Manager*

7

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fee	Rs. 250/-
	Rs. 250/-

By D.D. No. Dt. : Bank

Name : SANGAVI. E.M

Reg. / Roll No. : 18-PM-29

Course : M.Sc. MATHEMATICS

Semester : II

Sign. of Remitter : S Ayd

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Selva Kaathi Keyan.
REGISTER NUMBER : 18-PM-02
COURSE & BRANCH : M.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9080415866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Mechanics	18 PMS 208	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS208-Mechanics Received. P.S.K.

Yours faithfully,
P. S. K.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

7/6/19

for CONTROLLER OF EXAMINATIONS
Dr. R. [illegible] MARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - Rs. 500/-

By D.D. No. Dt. : Bank

Name : P. Selva Kaarthi Keyan.
Reg. / Roll No. : 18 PMD2
Course : M.Sc Mathematics
Semester : II
Sign. of Remitter : P.Selva.

Cashier *Officer / Asst. Manager*

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150/-

By D.D. No. Dt. : Bank

Name : P. Selvakarthikeyan.

Reg. / Roll No. : 18PM02

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : P. Selvakarthikeyan.

Cashier *Officer / Asst. Manager*

106

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 7/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Answer Sheet Xerox Copy - 250/-

By D.D. No. Dt. : Bank

Name : P. Selva Karthi Keyan.
Reg. / Roll No. : 18-PM-02
Course : M.Sc Mathematics
Semester : II

Sign. of Remitter : P. Selva.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Suguna
REGISTER NUMBER : 17-PM-33
COURSE & BRANCH : M SC - MATHS
MONTH & YEAR OF EXAMINATIONS : MARCH 2019
MOBILE NUMBER : 9626508820

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	FLUID DYNAMICS	17PMS415	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees – 650/-

650/-

By D.D. No. Dt. : Bank

Name : S. Suguna

Reg. / Roll No. : 17-PM-33

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. GOKUL SANJU
REGISTER NUMBER : 17-PM-04
COURSE & BRANCH : M.SC - MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MARCH - 2019
MOBILE NUMBER : 8508765333

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	OPERATOR THEORY	17-PMS416	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

8

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 650

650/-

By D.D. No. Dt. : Bank

Name : S. GOKUL SANJU

Reg. / Roll No. : 17-PM-054

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.M.AJITHA SHAN
REGISTER NUMBER : 17 - PH - 14
COURSE & BRANCH : B.SC, PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9944579165

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC	17UPS4A4	IV

I am remitting the prescribed fees.

Yours faithfully,

S.M.Ajitha Shan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450 /-

By D.D. No. Dt. : Bank

Name : S. M. Ajitha Shan

Reg. / Roll No. : 17 - PH - 14.

Course : B.Sc, Physics

Semester : IV

Sign. of Remitter : S. M. Ajitha Shan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : M. Muthilvannan
2. REGISTER NUMBER : 16-PH-10
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May-2019

9080464073

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Electricity and Magnetism	16UPS3C5	V

I am remitting the prescribed fees.

Yours faithfully,

M. Muthu.
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

13

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt.: Bank

Name : M. Muthivannan
Reg. / Roll No. : 16-PH-10
Course : B.Sc physics
Semester : VI

Sign. of Remitter : M. Muthivannan

Cashier

Officer / Asst. Manager

15

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YUVARAJ

REGISTER NUMBER : 16-PH-18

COURSE & BRANCH : B.Sc physics

MONTH & YEAR OF EXAMINATIONS : 05 - 2019

MOBILE NUMBER : 8754430 6055

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Electricity & Magnetism	16UPS 305	III

I am remitting the prescribed fees.

Yours faithfully,

M. Yuvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS)

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

15

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04-06-15

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
Total	450

By D.D. No. Dt. : Bank

Name : M. YUVARAJ
Reg. / Roll No. : 16-PH-18
Course : B.Sc Physics
Semester : IV

Sign. of Remitter : M. Yuvaraj

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : B. Rathna Kavin
2. REGISTER NUMBER : 16-PH-12
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May -2019

8526431002

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Classical dynamics	16 UPS 5D8	VI

I am remitting the prescribed fees.

Yours faithfully,

B.Rathna

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 05 / 06 / 19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt. : Bank

Name : B. Rathinakavi

Reg. / Roll No. : 16-PH-12

Course : B.Sc physics

Semester : VI

Sign. of Remitter : B. Rathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J. Aravind
REGISTER NUMBER : 16-PH-01
COURSE & BRANCH : B.Sc Physics
MONTH & YEAR OF EXAMINATIONS : 05-2019
MOBILE NUMBER : 8610738593

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Mathematical physics	16-UPS-612	VI

I am remitting the prescribed fees.

Yours faithfully,

J. Aravind

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -450

Total 450

By D.D. No. Dt. : Bank

Name : Jr. Aravind

Reg. / Roll No. : 16-PH-01

Course : B.Sc physics

Semester : VI

Sign. of Remitter : Jr. Aravind

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHALINGAM. J
REGISTER NUMBER : 16-PH-08
COURSE & BRANCH : B.Sc - Physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 7373234638

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Microprossesr Mechanisms and programing in 'C'	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

12

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450/-

By D.D. No. Dt. : Bank

Name : J. Mahalingam

Reg. / Roll No. : 16-PH-08

Course : B.Sc- physics

Semester : VI

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : K. Yoga pranav
2. REGISTER NUMBER : 16-PH-19
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May - 2019

9846536259

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Microprocessor Mechanism & programming in C	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Yoga Pranav.

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

16

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 02/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ₹ 450

By D.D. No. Dt. : Bank

Name : K. Yogapriya
Reg. / Roll No. : 16-PH-19
Course : B.Sc physics
Semester : VI

Sign. of Remitter : K. Yogapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. MANIMEGALAI
REGISTER NUMBER : 18-PP-16
COURSE & BRANCH : M.Sc PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9976724574

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	APPLIED ELECTRONICS (ELECTIVE)	18PPS1E1	II
2.	QUANTUM MECHANICS - I	18PPS204	II

I am remitting the prescribed fees.

Yours faithfully,
M. Manimegalai.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 1050

1

1050

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Manimegalai

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 100

1

100

CASH RECEIVED

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Mani

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Shapnasankasi
REGISTER NUMBER : 18-PP-27
COURSE & BRANCH : M.Sc physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9688207776

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Quantum mechanics - I	18 PPS 204	II

I am remitting the prescribed fees.

Yours faithfully,

S. Shapnasankasi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

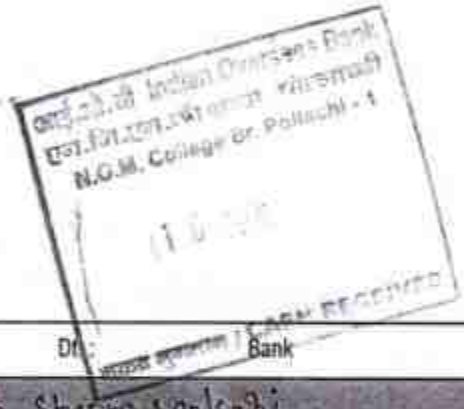
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 650



By D.D. No. Dt. Bank

Name : S. Shafra Sankari.

Reg. / Roll No. : 18 - PP - 27

Course : M.Sc physics

Semester : II

Sign. of Remitter : S. Shafra.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. MOHAN PRAKASH.
REGISTER NUMBER : 17-PP-06
COURSE & BRANCH : MSc Physics
MONTH & YEAR OF EXAMINATIONS : April 2019
MOBILE NUMBER : 8883444971, 7904419250

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	CONDENSED MATTER PHYSICS	17PPS311	3.
2	~~Statistical Mechanics~~		
2)	QUANTUM Mechanics - II	17PPS205	2
3)	QUANTUM Mechanics - I	17PPS109	1

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

20

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Marksheet fees - 100

By D.D. No. Dt.: Bank

Name : V. MOHAN PRAKASH.

Reg. / Roll No. : 17-PP-06

Course : MSc Physics

Semester : V

Sign. of Remitter : V. Mohan

Cashier

Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ~~200~~ 1550

By D.D. No. Dt. : Bank

Name : V. MOHAN PRAKASH

Reg. / Roll No. : 17 PG 06

Course : MSc Physics

Semester : IV

Sign. of Remitter :

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / ~~XEROX COPY~~

From

NAME OF THE STUDENT : S. SANTHOSH KUMAR
REGISTER NUMBER : 17-PP-31
COURSE & BRANCH : M.Sc – PHYSICS
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9659266057

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	Mathematical Physics	17-PPS103	I
02	Condensed matter Physics	17PPS311	III
03	Laser and non-Linear optics	17PPS412	IV
04	Micro Processor and object oriented	17PPS4E3	IV
	Programming with C++		

I am remitting the prescribed fees.

Yours faithfully,

S. Santhosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

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N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

2150

Revaluation Fees - ~~1450~~

2150/-

By D.D. No. Dt. : Bank

Name : S. Santhosh kumar

Reg. / Roll No. : 17-PP-31

Course : M.Sc - Physics

Semester : IV

Sign. of Remitter : S. Santhosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : DHARANEEDHARAN.P
REGISTER NUMBER : 17-PP-02
COURSE & BRANCH : MSc PHYSICS
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9698610833

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	MOLECULAR SPECTROSCOPY	17PPS 310	III
2)	CONDENSED MATTER PHYSICS	17PPS 311	III
3)	OPTOELECTRONICS AND NANOSCIENCE (ELECTIVE)	17PPS 3E2	III
4)	LASERS AND NON LINEAR PARTICLE PHYSICS	17 PPS 412	IV
5)	MICROPROCESSOR AND OBJECT ORIENTED PROGRAMMING WITH C++	17 PPS 4E8	IV

I am remitting the prescribed fees.

Yours faithfully,

P. Dharu.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
N.G.M. College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 2650

1

2650

By D.D. No. Dt. : Bank

Name : DHARANEEDHARAN. P

Reg. / Roll No. : 17-PP-02

Course : MSc PHYSICS

Semester : IV

Sign. of Remitter : P. Dharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Gopika.V.S
REGISTER NUMBER : 17-PP-14
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : NOV 2019 ~~November~~ MAY
MOBILE NUMBER : 8547405218

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed matter Physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-evaluation Fees = 650

By D.D. No. Dt. : Bank

Name : Gopika.V.S

Reg. / Roll No. : 17-PP-14

Course : Msc Physics

Semester : IV

Sign. of Remitter : Vasc

Cashier *Officer / Asst. Manager*

22

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Jinsha.Y
REGISTER NUMBER : 17-PP-16
COURSE & BRANCH : Msc Physics
MONTH & YEAR OF EXAMINATIONS : ~~NOVEMBER~~ MAY 2019
MOBILE NUMBER : 9080101700

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter Physics	17 PPS 31)	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

22

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 650

650

By D.D. No. Dt. : Bank

Name : Jinsha Y

Reg. / Roll No. : 17-PP-16

Course : Msc Physics

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Kalpana
REGISTER NUMBER : 17-PP-17
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 6381704212

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter of physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/6

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -650

1

650

By D.D. No. Dt. : Bank

Name : S. kalpana

Reg. / Roll No. : 17-PP-17

Course : MSC PHYSICS

Semester : IV

Sign. of Remitter : S. K

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRANA KAMATCHI.T
REGISTER NUMBER : 13-PP-15 - (18 PPS 205)
COURSE & BRANCH : M.Sc. PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 8248160637

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ELECTRO MAGNETIC THEORY	18PPS205	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Date :

Revaluation fees = 650

tot = 650

By D.D. No.

Dt. :

Bank

Name : T. Prana kamalalu

Reg. / Roll No. : 13-PP-15

Course : M.Sc. Physics

Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Srivanth.
REGISTER NUMBER : 17-CH-12.
COURSE & BRANCH : B.Sc Chemistry.
MONTH & YEAR OF EXAMINATIONS : May, 2019.
MOBILE NUMBER : 7373372512.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC CHEMISTRY	17UCY101	I
2.	ORGANIC AND PHYSICAL CHEMISTRY	17UCY202	II
3	Ancillary mathematics for Chemistry paper-I	17UCY1A1	I
4.	Ancillary mathematics for Chemistry Paper-II	17UCY2A2	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450/-

Revaluation fees = ~~450~~

Total = 450/-

By D.D. No. Dt. Bank

Name : Vasuvanth.

Reg. / Roll No. : 17-CH-12.

Course : Bsc chemistry.

Semester : IV

Sign. of Remitter : [signature]

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 750/-

Total : 750/-

By D.D. No. Dt. : Bank

Name : SRIVANTH . V

Reg. / Roll No. : 17-CH-12

Course : B.SC, Chemistry

Semester : IV

Sign. of Remitter : Srivanth

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

~~[illegible]~~ 300 gives to 17-CH-12.

total 03 2700

By D.D. No. Dt. : Bank

Name : Gowri Sankaran Srikanth

Reg. / Roll No. : 16-CH-02 17-CH-12

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Cuikd

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. SIBI NARSHAN.
REGISTER NUMBER : 17-CH-11
COURSE & BRANCH : Bsc. chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8973444720

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC Chemistry	17UCY101	I
2.	ANCILLARY MATHEMATICS FOR Chemistry.	17UCY1A1	I
3.	Inorganic & Organic & Physical Chemistry	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS * OFFICE OF * N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

27

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application Fee : 100

Total = 100

By D.D. No. Dt.: Bank

Name : B. Sibi varshan

Reg. / Roll No. : 17-CH-11

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : B Sibi

Cashier

Officer / Asst. Manager

27

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee :- 950/-

By D.D. No. Dt. : Bank

Name : Sibivarshan. B

Reg. / Roll No. : 17-CH-11

Course : Bsc. Chemistry

Semester : IV

Sign. of Remitter : B. Sibivarshan

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R.NAVEEN KUMAR
REGISTER NUMBER : 17-CH-07
COURSE & BRANCH : BSC - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2017
MOBILE NUMBER : 9789369991

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC, ORGANIC & PHYSICAL CHEMISTRY	17UCYA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R. Naveen

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

26

Indian Overseas Bank

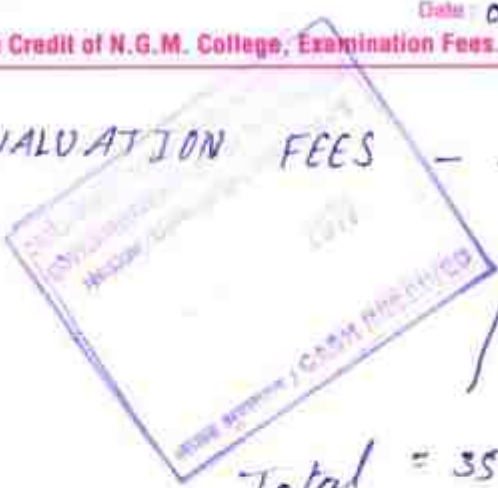
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEES - 350



Total = 350

By D.D. No. Dt. : Bank

Name : R. NAVEENKUMAR

Reg. / Roll No. : 17-CH-07

Course : BSC CHEMISTRY

Semester : IV

Sign. of Remitter : R. Naveenkumar

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation application Fee : 100/-

Total : 100/-

By D.D. No. Dt. : Bank

Name : Naveen Kumar. R

Reg. / Roll No. : 17-CH-07

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : R. Naveen

Cashier

Officer / Asst. Manager

29

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. JAGANYA
REGISTER NUMBER : 17-CH-25
COURSE & BRANCH : Bsc - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 6381323908

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

D. Jagya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation :

Application fees = 100/.

Total = 100.

By D.D. No. Dt. : Bank

Name : D. Jaganya.

Reg. / Roll No. : 17 - CH - 25

Course : BSc CHEMISTRY

Semester : IV

Sign. of Remitter : D Jaganya.

Cashier

Officer / Asst. Manager

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee : 350

Total : 350/-

By D.D. No. Dt. : Bank

Name : JAGANYA . D

Reg. / Roll No. : 17-CH-25

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : D Jagya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YAMUNA
REGISTER NUMBER : 17-CH-50
COURSE & BRANCH : B.Sc. Chemistry
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 8012346596

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY4DS	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Yamuna.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 706

Revaluation fee : 350 /-

Total : 350

By D.D. No. Dt. : Bank

Name : YAMUNA. M

Reg. / Roll No. : 17-CH-50

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : M. Yamuna.

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application : 100,
fee

Total : 100

By D.D. No. Dt. : Bank

Name : Yamuna - M

Reg. / Roll No. : 17-CH-50

Course : BSC Chemistry

Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : Gowri Sankaard
REGISTER NUMBER : 16-CH-02
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : April may / 2019
MOBILE NUMBER : 6282412527

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical Structures	16UCY612	VI
2.	organic chemistry - II	16UCY613	VI
3	16UCY508 organic chemistry - I	16UCY508	V
4.	inorganic and organic chemistry	16UCY101	I
5.	programming in c	16UCY616	VI
6.	polymer chemistry	16UCY615	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Gowri

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 2700

6 x 300 = 1800 + 150 = 1950

B.Sc = 750

total 2700

By D.D. No. Dt.: Bank

Name : Gowri Sankari

Reg. / Roll No. : 16-CH-02

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Karthik
REGISTER NUMBER : 16-CH-04
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072148656

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Organic and Physical chemistry	16UCY202	II
	Physics for mathematics & chemistry - II	16UCY4A4	IV
2)			
3)	Dye chemistry	16UCY510	V
4)	Analytical chemistry (Elective)	16UCY511	V
5)	Polymer chemistry	16UCY615	VI
6)	Programming in 'C'	16UCY616	VI

I am remitting the prescribed fees.

Yours faithfully,
S. Karthik
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 1950/-

By D.D. No. Dt. : Bank

Name : S. Karthik

Reg. / Roll No. : 16CH-04

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Karthik

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Veeramuthu
REGISTER NUMBER : 16-CH-15
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9629996526

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Nuclear And co-ordination chemistry	16UCY-507	V
2.	Dye chemistry	16UCY 510	V
3.	Programming in 'C'	16UCY 616	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Veeramuthu

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 1350

3 x 300 = 900

Biz = 550

Total = 1350

By D.D. No. Dt. : 03.06.19 Bank

Name : R. Veera Vanitha

Reg. / Roll No. : 16-CH-15

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : R. Vanitha

Cashier Officer / Asst. Manager

37

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Priyadharshini
REGISTER NUMBER : 16-CH-38
COURSE & BRANCH : Bsc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9805650610

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Organic chemistry - I	16UCY508	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 450/-

By D.D. No. Dt. Bank

Name : G. Priyadharshini

Reg. / Roll No. : 16-CH-38

Course : B.Sc Chemistry

Semester : V

Sign. of Remitter : G. Priya

Cashier Officer / Asst. Manager

38

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sandhiya Koushna. G
REGISTER NUMBER : 16-CH-40
COURSE & BRANCH : B.Sc chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9566904707

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical structures	16UCY612	VI

I am remitting the prescribed fees.

Yours faithfully,

Sandhya K.G

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total 450

By D.D. No. Dt.: Bank

Name : Sandhiya Koothra. G
Reg. / Roll No. : 16-CH-40
Course : B.Sc Chemistry
Semester : VI
Sign. of Remitter : Sandhiya Koothra. G

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHENDRA BOOPATHY . M
REGISTER NUMBER : 16-CH-06
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019.
MOBILE NUMBER : 9940781204

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ORGANIC CHEMISTRY-II	16UCY613	VI

I am remitting the prescribed fees.

Yours faithfully,

H. Mahendra
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt.: Bank

Name : H. Mahendra boopathi

Reg. / Roll No. : 16-CH-06

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : H. Mahendraboopathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. NAVANEETHA KRISHNAN
REGISTER NUMBER : 16-CH-08
COURSE & BRANCH : B.Sc CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9489454275

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ORGANIC CHEMISTRY - II	16-UCY-613	VI

I am remitting the prescribed fees.

Yours faithfully,
K. Navaneetha krishnan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re Valuation fees - 450/-

By D.D. No. Dt. Bank

Name : K. NAVANEETHA KRISHNAN

Reg. / Roll No. : 16-CH-08

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : K. Navaneetha krishnan

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRADEEP.K.
REGISTER NUMBER : 17-MY-02.
COURSE & BRANCH : M.SC. CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : 31.05.2019.
MOBILE NUMBER : 9698227774.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PHYSICAL CHEMISTRY - I	17PCY103	I
2.	ORGIANIC CHEMISTRY.	17PCY205	II
3.	PHYSICAL CHEMISTRY - II	17PCY206.	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1650/-

Total. 1650/-

By D.D. No. Dt.: Bank

Name : Pradeep. K.

Reg. / Roll No. : 17MY02.

Course : M.Sc. Chemistry.

Semester : I, II.

Sign. of Remitter : K. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : C. Jayapriya
REGISTER NUMBER : 16-BT-22
COURSE & BRANCH : B. Sc Botany
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9384241662

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Biofarming (Skill based elective II)	16UBY634	VI

I am remitting the prescribed fees.

Yours faithfully,

C. Jayapriya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re valuation Fees- 450/-

By D.D. No. Dt. : Bank

Name : C. Jayapriya

Reg. / Roll No. : 16 - BZ - 22

Course : B. Sc Botany

Semester : VI

Sign. of Remitter : C. Jayapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan Raj
REGISTER NUMBER : 16-ZL-03
COURSE & BRANCH : B.Sc. Zoology
MONTH & YEAR OF EXAMINATIONS : 2019. May
MOBILE NUMBER : 6369809164

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Animal physiology & Biochemistry	16OZY612	6th Semester

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan Raj 07.06.19
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees. 4507.

Indian Overseas Bank N.G.M. College Br. Pollachi - 1 07 JUN 2019 CASH RECEIVED

By D.D. No. DL 6106 19 Bank

Name : S Mohan Raj

Reg. / Roll No. : 16-21-03

Course : B.Sc Physics

Semester : 6th Semester

Sign. of Remitter : 07.06.19

Cashier *Officer / Asst. Manager*

30

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Manjuladevi
REGISTER NUMBER : 17-CH-29
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9095194149

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Foods nutrition (Non major Elective)	17UZYAN2	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Manjuladevi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

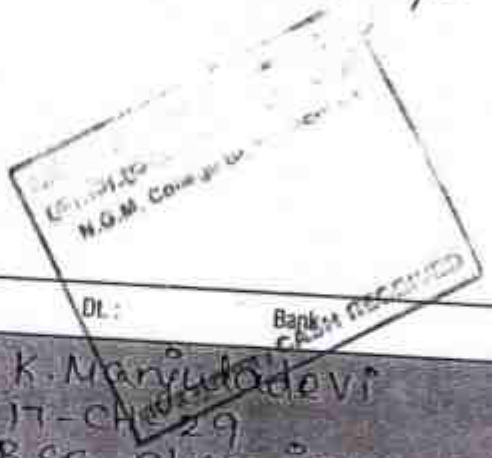
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution fees 450/-



By D.D. No. Dt.: Bank

Name : K. Manjuladevi
Reg. / Roll No. : 17-CH-29
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter : K. Manjuladevi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Surendar Dass
REGISTER NUMBER : 16-HT-30
COURSE & BRANCH : B.A History
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9385391987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	History of Kongu Country	16UHY616	VI
2.	World History - II	16UHY617	VI
3.	Introduction to Historiography	16UHY618	VI
4.	Application of Internet For History	16UHY619	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 04-07-2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION fees = 1350

/

Total = 1350

By D.D. No. Dt. : Bank

Name : D. SURENDAR DASS

Reg. / Roll No. : 16-HT-30

Course : B.A HISTORY

Semester : VI

Sign. of Remitter : D.T.D.

Cashier Officer / Asst. Manager

42

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J S . VARSHAA

REGISTER NUMBER : 17 - CM - 59

COURSE & BRANCH : B. COM (AIDED)

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 99762 54762

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	HIGHER CORPORATE ACCOUNTING	19UC0409	

I am remitting the prescribed fees.

Yours faithfully,

Varshaa

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

43

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEE - 450/-

By D.D. No. Dt. : Bank

Name : K.S. VARSHAA

Reg. / Roll No. : M-CM-59

Course : B.Com

Semester : IV

Sign. of Remitter : Varshaa

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Keerthana
REGISTER NUMBER : 18-CO-106
COURSE & BRANCH : B.com - Commerce -
MONTH & YEAR OF EXAMINATIONS : may - 2019
MOBILE NUMBER : 9976046695

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business application software and interent	18UCO2A2	II

I am remitting the prescribed fees.

Yours faithfully,

T. Keerthana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. P.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt. : Bank

Name : T. Keerthana

Reg. / Roll No. : 18-CO-106

Course : B.com commerce

Semester : II

Sign. of Remitter T. Keerthana

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Mohanraj
REGISTER NUMBER : 16-CO-73
COURSE & BRANCH : B.COM [Commerce] SF
MONTH & YEAR OF EXAMINATIONS : 2019 May
MOBILE NUMBER : 9788444219

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Income Tax	16UCO306	4 3
2)	Indirect taxation	16UCO412	4
3)	Human Resource Management	16UCO516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Mohanraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

45

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050

Total 1050

By D.D. No. Dt. : Bank

Name : B. Mohanraj

Reg / Roll No. : 16.co-75

Course : B.com [Commerce] SF

Semester : III & IV & V

Sign. of Remitter : B. Mohanraj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Pacthosh kumar
REGISTER NUMBER : 16 CO 77
COURSE & BRANCH : B.Com (Commerce)
MONTH & YEAR OF EXAMINATIONS : 2019 May.
MOBILE NUMBER : 9659244420

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	International Trade	16 UCO 4ID	4
~~2~~ 3)	~~Modern Banking~~	~~16 UCO 4II~~	~~4~~
3)	Insurance and Risk Management.	16 UCO624	6
2)	Human Resource Mungement	16 UCO 516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Pacthosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	1050
Total	1050

By D.D. No. Dt. : Bank

Name : B. Peathosh kumar
Reg. / Roll No. : 16 CO 77
Course : B.COM (Commerce)
Semester : VI & V & III
Sign. of Remitter : B. Peathosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Sabareesuvaran
REGISTER NUMBER : 16-CO-078
COURSE & BRANCH : B Com B Commerce
MONTH & YEAR OF EXAMINATIONS : ~~May 2019~~ June 2019
MOBILE NUMBER : 9944485066

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills I	16UEN101	
2	Statistical methods	16UCO4AS	

I am remitting the prescribed fees.

Yours faithfully,

21.04.2019.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

47

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 750

750

By D.D. No. Dt. : Bank

Name : B. Saravanan

Reg. / Roll No. : 16-10-78

Course : B.Com

Semester : I, IV

Sign. of Remitter : 27-Jul-2017

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Arun Kumar.
REGISTER NUMBER : 15-CO-63
COURSE & BRANCH : B.Com Commerce
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751 64 46 57

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Statistical Methods.	15.UCM4AS	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

52

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. 450

450

By D.D. No. Dt. : Bank

Name : D. Arun Kumar
Reg. / Roll No. : 15-CO-68
Course : B.Com Commerce
Semester : IV
Sign. of Remitter : D. Arun Kumar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R MOHAN PRASATH
REGISTER NUMBER : 15-CO-12
COURSE & BRANCH : B.COM (COMMERCE)
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 7402002200

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	STATISTICAL METHODS	15UCMA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R Mohan Prasath

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 06.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450

450

By D.D. No. Dt.: Bank

Name : D. MOHANPRASATH

Reg. / Roll No. : 15-CO-12

Course : B.com(CS) Commerce

Semester : IV

Sign. of Remitter : D Mohanprasath

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : ASWIN KUMAR - S
REGISTER NUMBER : 15-CO-64
COURSE & BRANCH : B.Com - Commerce
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 6380998082

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1).	HIGHER CORPORATE ACCOUNTING	15UCM409	4

I am remitting the prescribed fees.

Yours faithfully,

S. Aswin Kumar.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS · N.G.M. COLLEGE (AUTONOMOUS) POLLACHI · OFFICE OF

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

53

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-valuation fees 450

450

By D.D. No. Dt. : Bank

Name : ASWIN KUMAR-S

Reg. / Roll No. : 18-CO-64

Course : B.Com- Commerce

Semester : 4 - iv

Sign. of Remitter : S. Ashwin.

Cashier *Officer / Asst. Manager*

54

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan kumar.
REGISTER NUMBER : 15-CO-74.
COURSE & BRANCH : B.Com. Commerce. SF. II Shift.
MONTH & YEAR OF EXAMINATIONS : May, 2019
MOBILE NUMBER : 8608590180

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Higher Corporate Accounting	15UCM409	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 09/08/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 105

~~Pasmaad~~

Re-valuation fees ₹50

/

₹50

By D.D. No. Dt. : Bank

Name : S. Mohan Kumar.
Reg. / Roll No. : 15 - Co - 74.
Course : B. Com. Commerce.
Semester : IV
Sign. of Remitter : S. Mohan.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Hari hara Sudhan
REGISTER NUMBER : 15-Co-001
COURSE & BRANCH : B. Com(SS)(Commerce).
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7402103280

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial Management	15UCo625	VI

I am remitting the prescribed fees.

Yours faithfully,

G Hari

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee 450

450

By D.D. No. Dt. : Bank

Name : G. Hariharan Sudhan
Reg. / Roll No. : 15-Co-007
Course : B.Com (SF) Commerce
Semester : VI

Sign. of Remitter : G. Hariharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Siva Sankar. J
REGISTER NUMBER : 15-10-19
COURSE & BRANCH : B.Com Commerce.
MONTH & YEAR OF EXAMINATIONS : May 2018
MOBILE NUMBER : 9943432769

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UC0625	VI

I am remitting the prescribed fees.

Yours faithfully,

S. SivaSankar. J
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

50

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450-/

450-/

By D.D. No. — Dt. : Bank

Name : Sivasankar

Reg. / Roll No. : 15-10-19

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : Sivasankar

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Subavarthana
REGISTER NUMBER : 15-CO-21
COURSE & BRANCH : B.Com (SF) Commerce
MONTH & YEAR OF EXAMINATIONS : May - 2018
MOBILE NUMBER : 9994343276

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UCO625	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Subavarthana

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

57

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

450-/

By D.D. No. Dt. : Bank

Name : R.Subavarthana

Reg. / Roll No. : 15-CO-21

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : R.Subavarthana

Cashier

Officer / Asst. Manager

57

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Varatharaja Perumal.
REGISTER NUMBER : 16-BM-110
COURSE & BRANCH : BBA
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9629328203

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Principles of Business and Business Organization	16UBM101	I

I am remitting the prescribed fees.

Yours faithfully,

P. Vrj.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03/06/2019

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/1/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees - 950/-

By D.D. No. Dt. : Bank

Name : P. Vasantha Periyanayaki.

Reg. / Roll No. : 16-BM-40

Course : BBA

Semester : I

Sign. of Remitter : P. Vasu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Dhamoolharan
REGISTER NUMBER : 16-BM-09
COURSE & BRANCH : BBA-Business Administration
MONTH & YEAR OF EXAMINATIONS : may 2019
MOBILE NUMBER : 7397107012

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Taxation	16-UBM-305	3

I am remitting the prescribed fees.

P. Dhamoolharan
Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 10/6/19

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
	450

By D.D. No. Dt.: Bank

Name : P. Dhamodharan
Reg. / Roll No. : 16 BM 09
Course : BBA
Semester : III
Sign. of Remitter : P. Dhamodharan

Cashier Officer / Asst. Manager

58

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : K. SANTHOSH KRISHNA

REGISTER NUMBER : 16-CC-139

COURSE & BRANCH : B.Com CA II shift

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 98424 39240

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Corporate Accounting	16UCC305	3
2.	Tamil paper -1	16UTL101	1
3.	Higher Financial Accounts	16ULL203	2
4	Computer Fundamentals	16UIT3[illegible]	3
5.	Relational database Management System	16ULL307	3
6.	Business Law	16ULL309	4
7.	Java programming	16UCC621	6

I am remitting the prescribed fees.

Yours faithfully,

K. Santhosh Krishna
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

58

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees ₹100/=

₹100/=

By D.D. No. Dt. : Bank

Name : K. Santhosh Krishna

Reg. / Roll No. : 16-CC-139

Course : B.Com (C.A)

Semester 1/3/4/6/2

Sign. of Remitter : Santhosh Krishna

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. ARCHANA
REGISTER NUMBER : 17-BI-24
COURSE & BRANCH : B.Com (Banking and Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019.
MOBILE NUMBER : 8883770903

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Company Law	17UBI412	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 150.
Receipt No. :
Date : 04/06/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • NGM COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

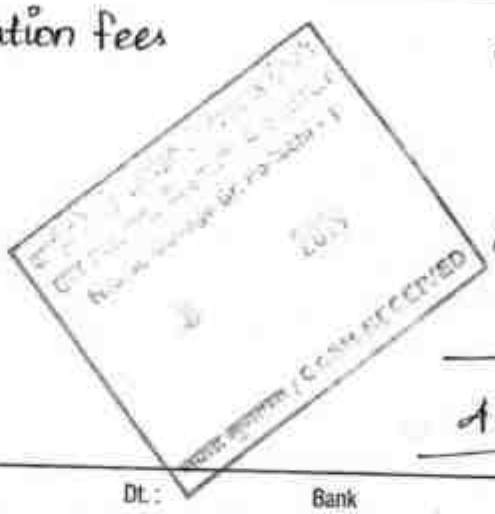
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450



450

By D.D. No. Dt.: Bank

Name : K ARCHANA
Reg. / Roll No. : 17-BL-24
Course : B.Com (B&I)
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : S. Sachin
REGISTER NUMBER : 16-BI-14
COURSE & BRANCH : B.Com Banking & Insurance
MONTH & YEAR OF EXAMINATIONS : 2016 May
MOBILE NUMBER : 6379760062

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/~~REVALUED~~/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Investment management	16UBI516	V

I am remitting the prescribed fees.

Xerox copy of the answer script - 16UBI516 - Investment management - Received on 3/6/19
S. Sachin

Yours faithfully,
S. Sachin.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF EXAMINATIONS

4/6/19

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

103

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Retotalling & xerox copy 500/-

By D.D. No. Dt. : Bank

Name : Sachin

Reg. / Roll No. : 16-BI-14

Course : B.Com Banking & Insurance

Semester : V

Sign. of Remitter : Sachin.

Cashier Officer / Asst. Manager

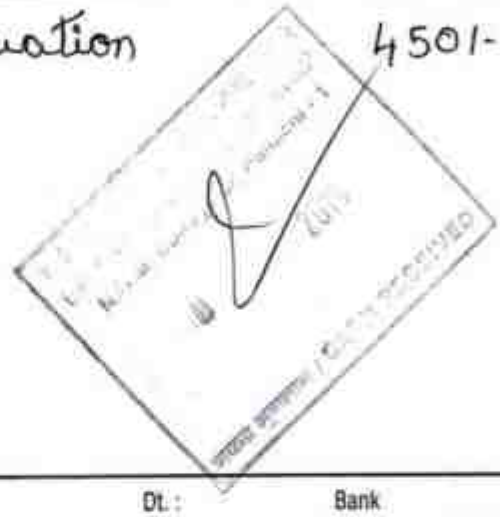
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation 4501-



By D.D. No. Dt. : Bank

Name : S. Sachin

Reg. / Roll No. : 16-BI-14

Course : B Com Banking & Insurance

Semester : V

Sign. of Remitter : S.

Cashier *Officer / Asst. Manager*

61

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Pavithra

REGISTER NUMBER : 16-BI-36

COURSE & BRANCH : B.Com (Banking & Insurance)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9842925920

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Financial innovations in Banking and Insurance.	16UBI620	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Pavithra

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 04/06/2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

61

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450
	450

By D.D. No. Dt.: Bank

Name : Pavithra. S
Reg. / Roll No. : 16 - BI - 36
Course : B. Com BPI
Semester : VI

Sign. of Remitter : S Pavithra

Cashier Officer / Asst. Manager

62

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Ajith
REGISTER NUMBER : 16-BE-08
COURSE & BRANCH : B.Com - E-commerce
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 888 25 11 83 85

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and applications	16 UEC 622	6

I am remitting the prescribed fees.

Yours faithfully,

M. Ajith
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 07/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total - 450

By D.D. No. Dt. : Bank

Name : Ajith

Reg. / Roll No. : 16BE-08

Course : Bcom e-commerce

Semester : 6

Sign. of Remitter : M. Ajith

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION/RETOLLAING/XEROX COPY

From,

NAME OF THE STUDENT : M. Umamaheswari
REGISTER NUMBER : 16-BE-59
COURSE & BRANCH : B.Com [E Commerce]
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9566408451

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and Application	16UEC622	VI[th]

I am remitting the prescribed fees.

Yours faithfully,

M. Umamaheswari
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI — OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
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N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

paper revaluation fees Rs. ~~450~~ 450

B.A 50/-

1

total ~~300~~ 450

By D.D. No. Dt. : Bank

Name : M. Umamaheswari

Reg. / Roll No. : 16BE-59

Course : B.Com [E.commerce]

Semester : VI

Sign. of Remitter : N. Umamaheswari.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Kalicharan

REGISTER NUMBER : 16 - CP - 05

COURSE & BRANCH : B.Com (Professional Accounting)

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 7010490 711.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Marketing	16 - UPA - 517	V

I am remitting the prescribed fees.

Yours faithfully,

K. Kali

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03/06/2019.

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POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Exam Fees ₹50

Revaluation

~~₹50~~

By D.D. No. Dt. : Bank

Name : K. Kalichoran

Reg. / Roll No. : 16-CP-05

Course : B.Com (P.A)

Semester : V

Sign. of Remitter : K. Kaly

Cashier Officer / Asst. Manager

69

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Jogeshwaran
REGISTER NUMBER : 16-BP-12
COURSE & BRANCH : B.Com. B.P.S
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751002971.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business Economics	16OBP/A1	I

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 04.06.2019

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Controller of Examinations
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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees — 450

450

By D.D. No. Dt.: Bank

Name : P. Rageshwaran

Reg. / Roll No. : 16-BP-12

Course : B. Com. B.P.S

Semester : I

Sign. of Remitter : P. Rageshwaran

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : V. GURU SABARI
2. REGISTER NUMBER : 16-BP-09
3. COURSE & BRANCH : B.Com B-P-S
4. MONTH AND YEAR OF EXAMINATIONS : May 2019

9442276975

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Higher Financial Accounting	16UBP203	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450 /-
Total	450 /-

By D.D. No. Dt. : Bank

Name : V. Guru Sabari

Reg. / Roll No. : 16-BP-09

Course : B.B.Com BPS

Semester : II

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Dhana Sekar

REGISTER NUMBER : 16-BP-04

COURSE & BRANCH : B.Com - BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 8754408179.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Commercial law	16UBP 204	II
2.	Higher Accounting	16 UBP 409	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Dhana Sekar

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fee - 750

750

By D.D. No. Dt. : Bank

Name : K. Dhana Sekar

Reg. / Roll No. : 16-BP-047

Course : B.Com BPS.

Semester : III, IV

Sign. of Remitter : K. Dhana Sekar

Cashier

Officer / Asst. Manager

68

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KARTHIKEYAN.A

REGISTER NUMBER : 16-BP-11

COURSE & BRANCH : B.Com (BPS)

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9847119018

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	STATISTICAL METHODS	16UBP4A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

1

450

By D.D. No. Dt. : Bank

Name : Karthikeyan. A

Reg. / Roll No. : 16-BP-1

Course : B.com [BPS]

Semester : IV

Sign. of Remitter : Karthikeyan A

Cashier *Officer / Asst. Manager*

70

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R THANGARAJ
REGISTER NUMBER : 16 - BP - 84
COURSE & BRANCH : B.Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June - 2019
MOBILE NUMBER : 9750406725

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Thangaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001

70

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. — 450

1

450

By D.D. No. Dt. : Bank

Name : R. Thangaraj
Reg. / Roll No. : 16-BP-24
Course : B.com BPS
Semester : VI
Sign. of Remitter : R. Thangaraj.

Cashier *Officer / Asst. Manager*

71

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KEERTHIPRIYA . K

REGISTER NUMBER : 16-BP-32

COURSE & BRANCH : B.Com . BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9688233301

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Keerthipriya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

7/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

1

450

By D.D. No. Dt. : Bank

Name : K. Keerthi priya

Reg. / Roll No. : 16 BP 82

Course : B. com BPS

Semester : VI

Sign. of Remitter : K. Keerthi priya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Ranjitha
REGISTER NUMBER : 16 BP 41
COURSE & BRANCH : B.com BPS
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9894998053

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Management Accounting	16 UBP 619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Ranjitha
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03.06.2019

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee - 450

/

450

By D.D. No. Dt. : Bank

Name : R. Ranjitha

Reg. / Roll No. : 16 BP 41

Course : B. Com BPS

Semester : VI

Sign. of Remitter : R. Ranjitha

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. SUBAKSHANA
REGISTER NUMBER : 16 - BP - 47
COURSE & BRANCH : B. Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9791698747

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

G. Subakshana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
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73

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 450

Total - 450

By D.D. No. Dt. : Bank

Name : G. Subaghana

Reg. / Roll No. : 16 - BP - 47

Course : B.Com (BPS)

Semester : VI

Sign. of Remitter : G. Subaghana

Cashier Officer / Asst. Manager

74

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S parthiban

REGISTER NUMBER : 15 - BP - 16

COURSE & BRANCH : B Com - BPS

MONTH & YEAR OF EXAMINATIONS : 2019 ~~NOV~~ May

MOBILE NUMBER : 8667349969

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Retail Environment and market research.	15UBP412	4
2	E - Commerce	15 UBP 410	4

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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74

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees 750

1

750

By D.D. No. DL : Bank

Name : S. Parthipan.
Reg. / Roll No. : 15 - BP - 16 -
Course : B.Com. BRS
Semester :

Sign. of Remitter : J.R.A

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : J.M. Ashwinth
2. REGISTER NUMBER : 17-mo-02
3. COURSE & BRANCH : M.com Computer Application
4. MONTH AND YEAR OF EXAMINATIONS : June - 2019

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Human Resource management	17pcc415	IV

I am remitting the prescribed fees.

J.M. Ashwinth
Yours faithfully,

J.M. Ashwinth
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

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NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee = 650

1

650

By D.D. No. Dt. Bank

Name : J.M. Ashwinth

Reg. / Roll No. : M-M10-02

Course : M.com C.A

Semester : IV

Sign. of Remitter : J.M. Ashwinth

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K.VIGNESH KUMAR
REGISTER NUMBER : 18-PI-20
COURSE & BRANCH : M.COM-IB
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9787 25 4922

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	International Relations	18PIB 206	II

I am remitting the prescribed fees.

Yours faithfully,

K. Vignesh Kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 650

650

By D.D. No. Dt. : Bank

Name : K. VIGNESH KUMAR

Reg. / Roll No. : 18-PI-20

Course : M.COM - IB

Semester : II

Sign. of Remitter : K. Vignesh Kumar

Cashier

Officer / Asst. Manager

77

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Selva Kumar
REGISTER NUMBER : 16CE16
COURSE & BRANCH : B.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9788181152

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Web technology	16UCS518	V
2.	Dot net programing	16UCS517	V

I am remitting the prescribed fees.

Yours faithfully,

M. Selva
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam Fees - 750

750

By D.D. No. Dt. : Bank

Name : M. Selva Kumar

Reg. / Roll No. : 16CE16

Course : B.Sc., CS

Semester : VI

Sign. of Remitter : M. Selva.

Cashier

Officer / Asst. Manager

78

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Solomon EASTER RAJ

REGISTER NUMBER : 16-CE-17

COURSE & BRANCH : BSC. Computer Science.

MONTH & YEAR OF EXAMINATIONS : April - 2019

MOBILE NUMBER : 9688249987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	multimedia packages (ELECTIVE)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

D Solomon EASTER RAJ

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

78

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam fees = 450

By D.D. No. Dt.: Bank

Name : D. Solomon EASTon RAJ

Reg. / Roll No. : 16-CE-17

Course : BSC - Computer Science

Semester : VI

Sign. of Remitter : D. Solomon EASTon RAJ

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Tamilarasan
REGISTER NUMBER : 16-CE-076
COURSE & BRANCH : B.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8220785429, 9600256547

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia packages (ELECTIVE)	16UCS6E7	VI TH

I am remitting the prescribed fees.

Yours faithfully,

Tamilarasan. M
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

19

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 150

Total = 150

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc (Computer Science)

Semester : VI TH

Sign. of Remitter : Tamilarasan.M

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 300

~~150~~

Total ~~150~~ 300

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc Computer Science

Semester : VI th Semester

Sign. of Remitter : Tamilarasan

Cashier Officer / Asst. Manager

80

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Nithya
REGISTER NUMBER : 16-CE-93
COURSE & BRANCH : Bsc computer Science (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9003985652

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia Package (elective)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Nithya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 4.06.19

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 300 /-

450

By D.D. No. Dt. : Bank

Name : S. Nithya

Reg. / Roll No. : 16-CE-93

Course : Bsc - Computer Science (SF)

Semester : VI

Sign. of Remitter : S. Nithya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994146962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	C Programming.	16UC701	I
2.	mathematical structures for computer Science	16UC71A1.	I
3.	Java Programming	16UC7307	III
4.	computer System Architecture	16UC73A3	III
5.	microprocessor and ALP	16UC74A4.	IV

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994145962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6.	Software engineering	16UCT519	V
7.	J2EE Technologies.	16UCT623	VI
8.	Embedded Systems.	16UCT624.	VI

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

8/

Indian Overseas Bank STUDENT COPY

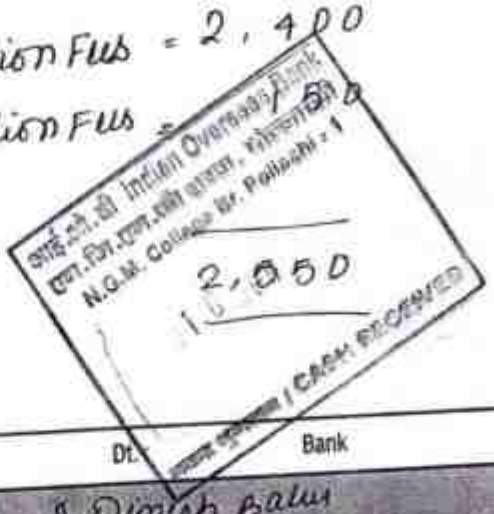
N.G.M. College Branch, Pollachi.

Date : 10/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee = 2,400

Application Fee = 500



By D.D. No. Dt. Bank

Name : S Dinesh Babu

Reg. / Roll No. : 16-CT-08

Course : BSC - Computer Technology

Semester : VI

Sign. of Remitter : S Dinesh Babu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M.R. Sarath Kumar
REGISTER NUMBER : 16-CT-14
COURSE & BRANCH : BSc computer technology.
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7010559660

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	C Programming	16UCT101	I
02	Object oriented programming with C++	16UCT204	II
03	Java programming	16UCT307	III
04	Web Designing (HTML)	16UCT308	III
05	Microprocessor and ALP	16UCT4AL	IV

I am remitting the prescribed fees.

Yours faithfully,

M.R.S

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1500
Receipt No. :
Date : 10.06.19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee : 1500

Application fees : 150

Total = 1650

By D.D. No. Dt. : Bank

Name : M.P. Sarath Kumar

Reg. / Roll No. : 16-C-14

Course : BE Computer Technology

Semester : VI

Sign. of Remitter : M.P. Sarath

Cashier *Officer / Asst. Manager*

83

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN

REGISTER NUMBER : 16-CT-07

COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8098465897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	MATHEMATICAL STRUCTURE FOR COMPUTER SCIENCE	16UCT1A1	1st
2	OBJECT ORIENTED PROGRAMMING WITH C++	16UCT304	2
3	JAVA PROGRAMMING	16UCT307	3
4	WEB DESIGNING	16UCT308	3
5	COMPUTER SYSTEM ARCHITECTURE	16UCT3A3	3

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 3150

Receipt No. :

Date : 10/07/2019

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN
REGISTER NUMBER : 16-CT-07
COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 8098419897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6	MICROPROCESSOR AND ALP.	16UCT4AL.	4
7	COMPUTER GRAPHICS	16UCT518	5
8	SOFTWARE ENGINEERING	16UCT519	5.
9	EMBEDDED SYSTEMS.	16UCT624	6
10	J2EE TECHNOLOGIES.	16UCT623.	6.

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 350
Receipt No. :
Date : 10/07/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

83

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 3000

Application 150

Indian Overseas Bank
N.G.M. College Br. Pollachi - 1

3150
CASH RECEIVED

By D.D. No. Dt. : Bank

Name : R.Karmukilan

Reg. / Roll No. : 16-CT-07

Course : B.Sc. COMPUTER TECHNOLOGY

Semester : V

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. PRAVIN
REGISTER NUMBER : 16-CT-13
COURSE & BRANCH : BSC. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9566362531

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	RELATIONAL DATABASE MANAGEMENT SYSTEM	16UCT413	4
2	SOFTWARE ENGINEERING	16UCT519	5

I am remitting the prescribed fees.

Yours faithfully,

V. Pravin
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 750
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 600

Application = 150

Total = 750

By D.D. No. Dt.: Bank

Name : V. Pravin
Reg. / Roll No. : 16 CT 13
Course : B.Sc. COMPUTER TECHNOLOGY
Semester : VI

Sign. of Remitter : V. Pravin

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : A. Vignesh Prabhu

REGISTER NUMBER : 16-CT-32

COURSE & BRANCH : B.Sc "CT"

MONTH & YEAR OF EXAMINATIONS : May - 2019

MOBILE NUMBER : 8072523022

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Relational database management system	16UCT413	IV
2	Microprocessor And ALP	16UCT414	IV
3	Cyber security	16UCT625	VI

I am remitting the prescribed fees.

Yours faithfully,

A. Vignesh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

87

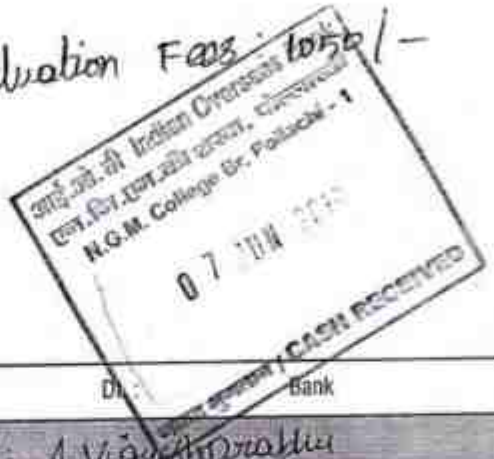
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050/-



By D.D. No. Dt. Bank

Name : A. Vigneshprabhu

Reg. / Roll No. : 16-CT-22

Course : B.Sc "CT"

Semester : VI, IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

82

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : L. GoPinath
REGISTER NUMBER : 16-CT-05
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8675855588

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

L. GoPinath.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

.. Overseas Bank STUDENT COPY

..M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

form - 150

450/-

By D.D. No. Dt. Bank

Name : L. Gopinath

Reg./Roll No. : 16-CT-05

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : L. Gopinath

Cashier *Officer / Asst. Manager*

84

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Murugathithan
REGISTER NUMBER : 16-CT-09
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : ~~June~~ May 2019
MOBILE NUMBER : 9610754201

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

V. Murugathithan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

Total - 450/-

By D.D. No. Dt. Bank

Name : V. Murugathithan

Reg. / Roll No : 16-CTT-09

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : V. Murugathithan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Aswath Kumar
REGISTER NUMBER : 15-U-02
COURSE & BRANCH : B.Sc - Computer Technology
MONTH & YEAR OF EXAMINATIONS : Apr / May - 2019
MOBILE NUMBER : 7708534538, 9894837530

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	J2EE Technologies	15UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Aswath Kumar

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

~~STUDENT~~ COPY

Date : 06.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees: ~~150~~ 450

By D.D. No. Dt. : Bank

Name : R. Aswinth Kumar

Reg. / Roll No. : 15-CT-02

Course : B.Sc-Computer Technology

Semester : VI

Sign. of Remitter : R. Aswinth Kumar

Cashier

Officer / Asst. Manager

89

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : Manjula.V
REGISTER NUMBER : 18-MC-17
COURSE & BRANCH : M.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 6382750877

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computing Technologies	18PCS2E1	II

I am remitting the prescribed fees.

Yours faithfully,

V. Manjula

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 500/-
Receipt No. :
Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees : 650/-

650/-

By D.D. No. Dt.: Bank

Name : Manjula.V

Reg. / Roll No. : 18-MC-17

Course : MSc Computer Science

Semester : II

Sign. of Remitter : V. Manjula

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Kausika
REGISTER NUMBER : 15-MC-10
COURSE & BRANCH : M.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7708260616

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Advanced Networks	15PCS 207	II

I am remitting the prescribed fees.

Yours faithfully,

P. Kausika
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

90

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees Rs 650

Rs 650

By D.D. No. Dt. : Bank

Name : P. Kavisika
Reg. / Roll No. : 15-MC-10
Course : M.Sc Computer Science
Semester : II

Sign. of Remitter : P Kavisika

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Y. Selvaraj
REGISTER NUMBER : 17-PS-12
COURSE & BRANCH : MCA Computer Application
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9965351445

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer Networks	17PMC425	IV
2.	.Net Framework	17PMC319	III

I am remitting the prescribed fees.

Yours faithfully,

Y. Selvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI
OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : Y Saravanaj

Reg. / Roll No. : 17-PS-12

Course : MCA Computer Application

Semester : III

Sign. of Remitter : Y Saravanaj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : B. Arun Kumar

REGISTER NUMBER : 17-PS-01

COURSE & BRANCH : MCA - C Computer Application

MONTH & YEAR OF EXAMINATIONS : May - 2019.

MOBILE NUMBER : 8098179190, 7339693520

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer networks	17PMC425	IV
2.	DATA Mining And warehousing	17PMC533	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1150

Receipt No. :

Date : 4/6/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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9/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : B. Arunkumar

Reg. / Roll No. : 17-PS-01

Course : MCA (Computer Application)

Semester : VI

Sign. of Remitter : [illegible]

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Karthi Keyan
REGISTER NUMBER : 18-SE-05
COURSE & BRANCH : B.A English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8523960866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Poetry - II	18UEL204	2nd
2	Poetry - I	18UEL102	1nd

I am remitting the prescribed fees.

Yours faithfully,

G. Karthi Keyan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form fee / 150

Revaluation fees 600

total 750

By D.D. No. Dt. : Bank

Name : G. Karthi Rengan

Reg. / Roll No. : 18-SE-05

Course : B.A English Literature (SF)

Semester : I - II

Sign. of Remitter : G. Karthi Rengan

Cashier Officer / Asst. Manager

95

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. vigneshwar
REGISTER NUMBER : 18-SE-16
COURSE & BRANCH : BA English Literature
MONTH & YEAR OF EXAMINATIONS : may-2019
MOBILE NUMBER : 9585943839

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills-II	18UEN202	2nd
2	Prose-I	18UEL203	2nd

I am remitting the prescribed fees.

Yours faithfully,
K. vigneshwar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Foam Fee 150
Revolution Fees 600
750

By D.D. No. Dt. : Bank

Name : K. Vigneshwar
Reg. / Roll No. : 18-SC-16
Course : BA English Literature
Semester : 2nd

Sign. of Remitter : K. Vigneshwar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Kalaiyarasi
REGISTER NUMBER : 17TM17
COURSE & BRANCH : B.A. Tamil
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9786186930

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS - IV	17UENH04	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Kalaiyarasi.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

96

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4-6-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450

Total - 450

By D.D. No. Dt. : Bank

Name : M. Jalaiyaraji

Reg. / Roll No. : 17TM17

Course : B.A. Tamil

Semester : IV

Sign. of Remitter : M. Jalaiyaraji

Cashier *Officer / Asst. Manager*

97

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Vanithini
REGISTER NUMBER : 17 - TM - 37
COURSE & BRANCH : B. A Tamil. Lit
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9688249734

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Vanithini
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 6/06/19

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
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POLLACHI - 642 001.

97

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount ₹ 450

Total : 450

By D.D. No. Dt. : Bank

Name G. Nandhini

Reg. / Roll No. 17-TM-39

Course BA. Tamil. Lit

Semester IV

Sign. of Remitter G. Nandhini

Cashier *Officer / Asst. Manager*

98

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.Revathi

REGISTER NUMBER : 17-TM-42

COURSE & BRANCH : B.A TAMIL (LIT)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9025852416

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S.Revathi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

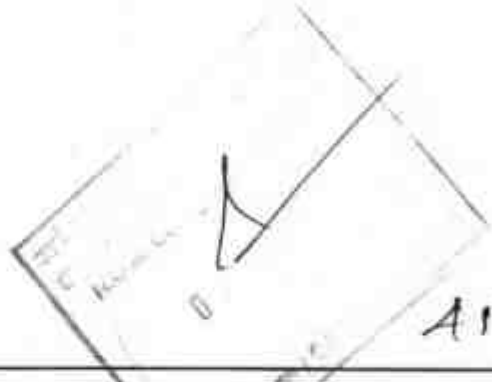
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount — 450/-



450/-

By D.D. No. Dt. : Bank

Name : S Revathi
Reg. / Roll No. : 19-TM-42
Course : B.A TAMIL (SIT)
Semester : IV

Sign. of Remitter : S Revathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Tamil selvi

REGISTER NUMBER : 17-TM-48

COURSE & BRANCH : B.A - Tamil

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9943349673

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

T. Tamil selvi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450/-

Total -450/-

By D.D. No. Dt. : Bank

Name : T. Tamil selvi

Reg. / Roll No. : 17TTN-48

Course : B.A Tamil (Lit)

Semester : IV

Sign. of Remitter : T. Tamil selvi

Cashier *Officer / Asst. Manager*

93

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Devipriya. M
REGISTER NUMBER : 16-SE-10
COURSE & BRANCH : BA English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9940956756

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	American literature	16UEL616	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE C. N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Amount 450

/

Total = 450

By D.D. No. Dt. : Bank

Name : Devipriya. M

Reg. / Roll No. : 16-SE-10

Course : B.A English Literature (SF)

Semester : VI

Sign. of Remitter : M Devipriya

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Adithiyan.
REGISTER NUMBER : 16-BM-01
COURSE & BRANCH : BBA - Administration
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072010857

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	Communication Skills - I	16-UEN-101	I

I am remitting the prescribed fees.

Yours faithfully,
Adithiyan.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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NGM College (Autonomous)
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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Degree Course - 450/-

By D.D. No. Dt. : Bank

Name : Adithiyan. S

Reg. / Roll No. : 16 - BM - 01

Course : BBA

Semester : I sem

Sign. of Remitter : Adithiyan. S

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Kishor
REGISTER NUMBER : 16-CP-08
COURSE & BRANCH : B.Com (Professional Accounting)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9524840226

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills - II	16UFEN202	II

I am remitting the prescribed fees.

Yours faithfully,

G. Kishor

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

By D.D. No. Dt. : Bank

Name : G. Kishor

Reg. / Roll No. : 16-UP-08

Course : B Com (PA)

Semester : II

Sign. of Remitter : G. Kishor

Cashier *Officer / Asst. Manager*

100

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Divyabharathi
REGISTER NUMBER : 16-BL-23
COURSE & BRANCH : B.Com. (Banking & Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9361705694

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Communication skills - II	16UEN2T2	II

I am remitting the prescribed fees.

Yours faithfully,

S. Divyabharathi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 06/06/2019

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKARUPPAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

100

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/04/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation Fees 450

450

By D.D. No. Dt. : Bank

Name : S. Divya bharathi

Reg. / Roll No. : 16-BL-03

Course : B.Com. (B&I)

Semester : II

Sign. of Remitter : S. Divyabharathi

Cashier *Officer / Asst. Manager*

101

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Navaladi

REGISTER NUMBER : 1ABE-15

COURSE & BRANCH : B.Com (F.com

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 9080859309

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
(1)	Communication Skills-II	1AUENO2	II

I am remitting the prescribed fees.

Yours faithfully,

K. Bala

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Indian Overseas Bank
N.G.M. College Branch, Pollachi.

101 STUDENT COPY

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150

/

150

By D.D. No. Dt. : Bank

Name : K. navaladi

Reg. / Roll No. : 16BE15

Course : B.Com (E.Com)

Semester : II

Sign. of Remitter : K. Navaladi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DHARANI

REGISTER NUMBER : 18-PL-06

COURSE & BRANCH : ADVANCED ENGLISH PHONETICS AND PHONOLOGY of M. A. ENGLISH LITERATURE

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 9688556061

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ADVANCED ENGLISH PHONETICS AND PHONOLOGY	18PEL105	I

I am remitting the prescribed fees.

Yours faithfully,

S. Dharani

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form Fee - 150

/

Total - 150

By D.D. No. Dt. : Bank

Name : Dharani S

Reg. / Roll No. : 18-PL-06

Course : I M.A English Literature

Semester : I

Sign. of Remitter : S. Dharani

Cashier Officer / Asst. Manager

102

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee - 500

Total - 500

By D.D. No. Dt. : Bank

Name : S. Dharani

Reg. / Roll No. : 18-P1-06

Course : Advanced English Phonetics and Phonology

Semester : I

Sign. of Remitter : S. Dharani

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : BABY R.
REGISTER NUMBER : 16-MA-11
COURSE & BRANCH : B.Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9842084642

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Linear Algebra	16 UMS 615	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Baby.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 300

Application Fees - ₹ 150

Total Fees - ₹ 450/-

By D.D. No. Dt. : Bank

Name : BABY R.

Reg. / Roll No. : 16-MA-11

Course : B.Sc., Mathematics (Aided)

Semester : VI

Sign. of Remitter : R. Baby

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : D.PRADEEP

REGISTER NUMBER : 16-MA-04

COURSE & BRANCH : B.Sc [Mathematics]

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8973479641

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

D.P

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees ₹50/-

Total ₹50/-

By D.D. No. Dt.: Bank

Name : D. Pradeep

Reg. / Roll No. : 16-MA-04

Course : B.Sc (Mathematics)

Semester : VI

Sign. of Remitter : D. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : N. Vishnu Prasath.
REGISTER NUMBER : 16-MA-07
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 8946067374

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

N. Vishnu Prasath.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

6 x 300 = 1800 -

Biz = 900

P.M

total 2700

By D.D. No. Dt. : Bank

Name : Gowri Lankari. N Vishnu Prasath.

Reg. / Roll No. : ~~19-UG-02~~ 19-MP-07

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

1 x 300 = 300

A F = 150

450

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Lavanya
REGISTER NUMBER : 16-MA-27
COURSE & BRANCH : B. Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9094943751

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Lavanya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 300 Rs

App. fees - 150 Rs

Total fees - 450 Rs only

By D.D. No. Dt. : Bank

Name : S. Lavanya

Reg. / Roll No. : 16-MA-27

Course : B.Sc. Mathematics (Aided)

Semester : VI

Sign. of Remitter : S. Lavanya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sathaesh kumar.M
REGISTER NUMBER : 16-MA-05
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9786148338

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMPLEX ANALYSIS	16UMS611	VI

I am remitting the prescribed fees.

Yours faithfully,

M. Sathaesh kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

2

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

By D.D. No. Dt. : Bank

Name : M. Sathishkumar

Reg. / Roll No. : 16UMA05

Course : B.Sc Mathematics

Semester : VI

Sign. of Remitter : M. Sathish

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : SANGHAVI. E.M
REGISTER NUMBER : 18-PM-29
COURSE & BRANCH : M.Sc. MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9809203334

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PARTIAL DIFFERENTIAL EQUATIONS	18PMS207	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS207 - Partial differential Equations Received
S. Sanjul
04/06/19

Yours faithfully,

S. Sanjul
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

P. Rajguru
4/6/19

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee	Rs. 650/-
	Rs. 650/-

By D.D. No. Dt.: Bank

Name : Sargavi. E.M

Reg. / Roll No. : 18-PM-09

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : S. Sargavi

Cashier *Officer / Asst. Manager*

7

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fee	Rs. 250/-
	Rs. 250/-

By D.D. No. Dt. : Bank

Name : SANGAVI. E.M

Reg. / Roll No. : 18-PM-29

Course : M.Sc. MATHEMATICS

Semester : II

Sign. of Remitter : S Ayd

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Selva Kaathi Keyan.
REGISTER NUMBER : 18-PM-02
COURSE & BRANCH : M.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9080415866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Mechanics	18 PMS 208	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS208-Mechanics Received. P.S.K.

Yours faithfully,
P. S. K.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

7/6/19

for CONTROLLER OF EXAMINATIONS
Dr. R. [illegible] MARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - Rs. 500/-

By D.D. No. Dt. : Bank

Name : P. Selva Kaarthi Keyan.
Reg. / Roll No. : 18 PMD2
Course : M.Sc Mathematics
Semester : II
Sign. of Remitter : P.Selva.

Cashier *Officer / Asst. Manager*

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150/-

By D.D. No. Dt. : Bank

Name : P. Selvakarthikeyan.

Reg. / Roll No. : 18PM02

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : P. Selvakarthikeyan.

Cashier *Officer / Asst. Manager*

106

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 7/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Answer Sheet Xerox Copy - 250/-

By D.D. No. Dt. : Bank

Name : P. Selva Karthi Keyan.
Reg. / Roll No. : 18-PM-02
Course : M.Sc Mathematics
Semester : II

Sign. of Remitter : P. Selva.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Suguna
REGISTER NUMBER : 17-PM-33
COURSE & BRANCH : M SC - MATHS
MONTH & YEAR OF EXAMINATIONS : MARCH 2019
MOBILE NUMBER : 9626508820

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	FLUID DYNAMICS	17PMS415	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees – 650/-

650/-

By D.D. No. Dt. : Bank

Name : S. Suguna

Reg. / Roll No. : 17-PM-33

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. GOKUL SANJU
REGISTER NUMBER : 17-PM-04
COURSE & BRANCH : M.SC - MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MARCH - 2019
MOBILE NUMBER : 8508765333

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	OPERATOR THEORY	17-PMS416	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

8

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 650

650/-

By D.D. No. Dt. : Bank

Name : S. GOKUL SANJU

Reg. / Roll No. : 17-PM-054

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.M.AJITHA SHAN
REGISTER NUMBER : 17 - PH - 14
COURSE & BRANCH : B.SC, PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9944579165

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC	17UPS4A4	IV

I am remitting the prescribed fees.

Yours faithfully,

S.M.Ajitha Shan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450 /-

By D.D. No. Dt. : Bank

Name : S. M. Ajitha Shan

Reg. / Roll No. : 17 - PH - 14.

Course : B.Sc, Physics

Semester : IV

Sign. of Remitter : S. M. Ajitha Shan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : M. Muthilvannan
2. REGISTER NUMBER : 16-PH-10
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May-2019

9080464073

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Electricity and Magnetism	16UPS3C5	V

I am remitting the prescribed fees.

Yours faithfully,

M. Muthu.
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

13

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt.: Bank

Name : M. Muthivannan
Reg. / Roll No. : 16-PH-10
Course : B.Sc physics
Semester : VI

Sign. of Remitter : M. Muthivannan

Cashier

Officer / Asst. Manager

15

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YUVARAJ

REGISTER NUMBER : 16-PH-18

COURSE & BRANCH : B.Sc physics

MONTH & YEAR OF EXAMINATIONS : 05 - 2019

MOBILE NUMBER : 8754430 6055

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Electricity & Magnetism	16UPS 305	III

I am remitting the prescribed fees.

Yours faithfully,

M. Yuvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS)

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

15

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04-06-15

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
Total	450

By D.D. No. Dt. : Bank

Name : M. YUVARAJ
Reg. / Roll No. : 16-PH-18
Course : B.Sc Physics
Semester : IV

Sign. of Remitter : M. Yuvaraj

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : B. Rathna Kavin
2. REGISTER NUMBER : 16-PH-12
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May -2019

8526431002

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Classical dynamics	16 UPS 5D8	VI

I am remitting the prescribed fees.

Yours faithfully,

B.Rathna

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 05 / 06 / 19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt. : Bank

Name : B. Rathinakavi

Reg. / Roll No. : 16-PH-12

Course : B.Sc physics

Semester : VI

Sign. of Remitter : B. Rathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J. Aravind
REGISTER NUMBER : 16-PH-01
COURSE & BRANCH : B.Sc Physics
MONTH & YEAR OF EXAMINATIONS : 05-2019
MOBILE NUMBER : 8610738593

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Mathematical physics	16-UPS-612	VI

I am remitting the prescribed fees.

Yours faithfully,

J. Aravind

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -450

Total 450

By D.D. No. Dt. : Bank

Name : Jr. Aravind

Reg. / Roll No. : 16-PH-01

Course : B.Sc physics

Semester : VI

Sign. of Remitter : Jr. Aravind

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHALINGAM. J
REGISTER NUMBER : 16-PH-08
COURSE & BRANCH : B.Sc - Physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 7373234638

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Microprossesr Mechanisms and programing in 'C'	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

12

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450/-

By D.D. No. Dt. : Bank

Name : J. Mahalingam

Reg. / Roll No. : 16-PH-08

Course : B.Sc- physics

Semester : VI

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : K. Yoga pranav
2. REGISTER NUMBER : 16-PH-19
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May - 2019

9846536259

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Microprocessor Mechanism & programming in C	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Yoga Pranav.

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

16

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 02/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ₹ 450

By D.D. No. Dt. : Bank

Name : K. Yogapriya
Reg. / Roll No. : 16-PH-19
Course : B.Sc physics
Semester : VI

Sign. of Remitter : K. Yogapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. MANIMEGALAI
REGISTER NUMBER : 18-PP-16
COURSE & BRANCH : M.Sc PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9976724574

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	APPLIED ELECTRONICS (ELECTIVE)	18PPS1E1	II
2.	QUANTUM MECHANICS - I	18PPS204	II

I am remitting the prescribed fees.

Yours faithfully,
M. Manimegalai.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 1050

1

1050

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Manimegalai

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 100

1

100

CASH RECEIVED

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Mani

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Shapnasankasi
REGISTER NUMBER : 18-PP-27
COURSE & BRANCH : M.Sc physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9688207776

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Quantum mechanics - I	18 PPS 204	II

I am remitting the prescribed fees.

Yours faithfully,

S. Shapnasankasi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

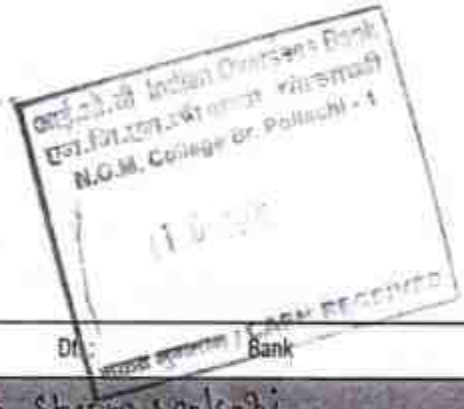
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 650



By D.D. No. Dt. Bank

Name : S. Shafra Sankari.

Reg. / Roll No. : 18 - PP - 27

Course : M.Sc physics

Semester : II

Sign. of Remitter : S. Shafra.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. MOHAN PRAKASH.
REGISTER NUMBER : 17-PP-06
COURSE & BRANCH : MSc Physics
MONTH & YEAR OF EXAMINATIONS : April 2019
MOBILE NUMBER : 8883444971, 7904419250

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	CONDENSED MATTER PHYSICS	17PPS311	3.
2	~~Statistical Mechanics~~		
2)	QUANTUM Mechanics - II	17PPS205	2
3)	QUANTUM Mechanics - I	17PPS109	1

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

20

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Marksheet fees - 100

By D.D. No. Dt.: Bank

Name : V. MOHAN PRAKASH.

Reg. / Roll No. : 17-PP-06

Course : MSc Physics

Semester : V

Sign. of Remitter : V. Mohan

Cashier

Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ~~200~~ 1550

By D.D. No. Dt. : Bank

Name : V. MOHAN PRAKASH

Reg. / Roll No. : 17 PG 06

Course : MSc Physics

Semester : IV

Sign. of Remitter :

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / ~~XEROX COPY~~

From

NAME OF THE STUDENT : S. SANTHOSH KUMAR
REGISTER NUMBER : 17-PP-31
COURSE & BRANCH : M.Sc – PHYSICS
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9659266057

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	Mathematical Physics	17-PPS103	I
02	Condensed matter Physics	17PPS311	III
03	Laser and non-Linear optics	17PPS412	IV
04	Micro Processor and object oriented	17PPS4E3	IV
	Programming with C++		

I am remitting the prescribed fees.

Yours faithfully,

S. Santhosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

2150

Revaluation Fees - ~~1450~~

2150/-

By D.D. No. Dt. : Bank

Name : S. Santhosh kumar

Reg. / Roll No. : 17-PP-31

Course : M.Sc - Physics

Semester : IV

Sign. of Remitter : S. Santhosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : DHARANEEDHARAN.P
REGISTER NUMBER : 17-PP-02
COURSE & BRANCH : MSc PHYSICS
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9698610833

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	MOLECULAR SPECTROSCOPY	17PPS 310	III
2)	CONDENSED MATTER PHYSICS	17PPS 311	III
3)	OPTOELECTRONICS AND NANOSCIENCE (ELECTIVE)	17PPS 3E2	III
4)	LASERS AND NON LINEAR PARTICLE PHYSICS	17 PPS 412	IV
5)	MICROPROCESSOR AND OBJECT ORIENTED PROGRAMMING WITH C++	17 PPS 4E8	IV

I am remitting the prescribed fees.

Yours faithfully,

P. Dharu.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
N.G.M. College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 2650

1

2650

By D.D. No. Dt. : Bank

Name : DHARANEEDHARAN. P

Reg. / Roll No. : 17-PP-02

Course : MSc PHYSICS

Semester : IV

Sign. of Remitter : P. Dharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Gopika.V.S
REGISTER NUMBER : 17-PP-14
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : NOV 2019 ~~November~~ MAY
MOBILE NUMBER : 8547405218

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed matter Physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-evaluation Fees = 650

By D.D. No. Dt. : Bank

Name : Gopika.V.S

Reg. / Roll No. : 17-PP-14

Course : Msc Physics

Semester : IV

Sign. of Remitter : Vasc

Cashier *Officer / Asst. Manager*

22

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Jinsha.Y
REGISTER NUMBER : 17-PP-16
COURSE & BRANCH : Msc Physics
MONTH & YEAR OF EXAMINATIONS : ~~NOVEMBER~~ MAY 2019
MOBILE NUMBER : 9080101700

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter Physics	17 PPS 31)	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 650

650

By D.D. No. Dt. : Bank

Name : Jinsha Y

Reg. / Roll No. : 17-PP-16

Course : Msc Physics

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Kalpana
REGISTER NUMBER : 17-PP-17
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 6381704212

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter of physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/6

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -650

1

650

By D.D. No. Dt. : Bank

Name : S. kalpana

Reg. / Roll No. : 17-PP-17

Course : MSC PHYSICS

Semester : IV

Sign. of Remitter : S. K

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRANA KAMATCHI.T
REGISTER NUMBER : 13-PP-15 - (18 PPS 205)
COURSE & BRANCH : M.Sc. PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 8248160637

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ELECTRO MAGNETIC THEORY	18PPS205	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Date :

Revaluation fees = 650

tot = 650

By D.D. No.

Dt. :

Bank

Name : T. Prana kamalalu

Reg. / Roll No. : 13-PP-15

Course : M.Sc. Physics

Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Srivanth.
REGISTER NUMBER : 17-CH-12.
COURSE & BRANCH : B.Sc Chemistry.
MONTH & YEAR OF EXAMINATIONS : May, 2019.
MOBILE NUMBER : 7373372512.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC CHEMISTRY	17UCY101	I
2.	ORGANIC AND PHYSICAL CHEMISTRY	17UCY202	II
3	Ancillary mathematics for Chemistry paper-I	17UCY1A1	I
4.	Ancillary mathematics for Chemistry Paper-II	17UCY2A2	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450/-

Revaluation fees = ~~450~~

Total = 450/-

By D.D. No. Dt. Bank

Name : Vasuvanth.

Reg. / Roll No. : 17-CH-12.

Course : Bsc chemistry.

Semester : IV

Sign. of Remitter : [signature]

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 750/-

Total : 750/-

By D.D. No. Dt. : Bank

Name : SRIVANTH . V

Reg. / Roll No. : 17-CH-12

Course : B.SC, Chemistry

Semester : IV

Sign. of Remitter : Srivanth

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

~~[illegible]~~ 300 gives to 17-CH-12.

total 03 2700

By D.D. No. Dt. : Bank

Name : Gowri Sankaran Srikanth

Reg. / Roll No. : 16-CH-02 17-CH-12

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Cuikd

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. SIBI NARSHAN.
REGISTER NUMBER : 17-CH-11
COURSE & BRANCH : Bsc. chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8973444720

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC Chemistry	17UCY101	I
2.	ANCILLARY MATHEMATICS FOR Chemistry.	17UCY1A1	I
3.	Inorganic & Organic & Physical Chemistry	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS * OFFICE OF * N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

27

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application Fee : 100

Total = 100

By D.D. No. Dt.: Bank

Name : B. Sibi varshan

Reg. / Roll No. : 17-CH-11

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : B Sibi

Cashier

Officer / Asst. Manager

27

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee :- 950/-

By D.D. No. Dt. : Bank

Name : Sibivarshan. B

Reg. / Roll No. : 17-CH-11

Course : Bsc. Chemistry

Semester : IV

Sign. of Remitter : B. Sibivarshan

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R.NAVEEN KUMAR
REGISTER NUMBER : 17-CH-07
COURSE & BRANCH : BSC - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2017
MOBILE NUMBER : 9789369991

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC, ORGANIC & PHYSICAL CHEMISTRY	17UCYA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R. Naveen

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
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26

Indian Overseas Bank

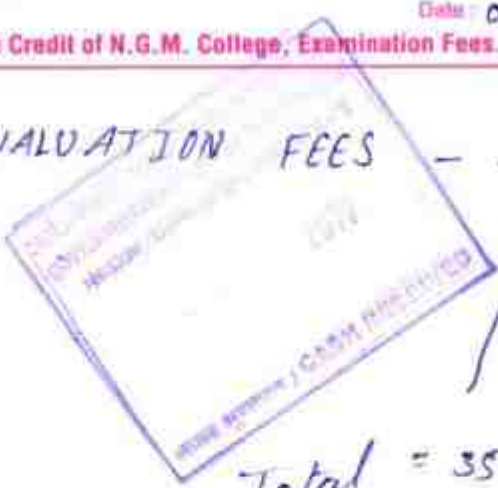
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEES - 350



Total = 350

By D.D. No. Dt. : Bank

Name : R. NAVEENKUMAR

Reg. / Roll No. : 17-CH-07

Course : BSC CHEMISTRY

Semester : IV

Sign. of Remitter : R. Naveenkumar

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation application Fee : 100/-

Total : 100/-

By D.D. No. Dt. : Bank

Name : Naveen Kumar. R

Reg. / Roll No. : 17-CH-07

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : R. Naveen

Cashier

Officer / Asst. Manager

29

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. JAGANYA
REGISTER NUMBER : 17-CH-25
COURSE & BRANCH : Bsc - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 6381323908

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

D. Jagya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation :

Application fees = 100/.

Total = 100.

By D.D. No. Dt. : Bank

Name : D. Jaganya.

Reg. / Roll No. : 17 - CH - 25

Course : BSc CHEMISTRY

Semester : IV

Sign. of Remitter : D Jaganya.

Cashier

Officer / Asst. Manager

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee : 350

Total : 350/-

By D.D. No. Dt. : Bank

Name : JAGANYA . D

Reg. / Roll No. : 17-CH-25

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : D Jagya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YAMUNA
REGISTER NUMBER : 17-CH-50
COURSE & BRANCH : B.Sc. Chemistry
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 8012346596

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY4DS	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Yamuna.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 706

Revaluation fee : 350 /-

Total : 350

By D.D. No. Dt. : Bank

Name : YAMUNA. M

Reg. / Roll No. : 17-CH-50

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : M. Yamuna.

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application : 100,
fee

Total : 100

By D.D. No. Dt. : Bank

Name : Yamuna - M

Reg. / Roll No. : 17-CH-50

Course : BSC Chemistry

Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : Gowri Sankaard
REGISTER NUMBER : 16-CH-02
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : April may / 2019
MOBILE NUMBER : 6282412527

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical Structures	16UCY612	VI
2.	organic chemistry - II	16UCY613	VI
3	16UCY508 organic chemistry - I	16UCY508	V
4.	inorganic and organic chemistry	16UCY101	I
5.	programming in c	16UCY616	VI
6.	polymer chemistry	16UCY615	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Gowri

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 2700

6 x 300 = 1800 + 150 = 1950

B.Sc = 750

total 2700

By D.D. No. Dt.: Bank

Name : Gowri Sankari

Reg. / Roll No. : 16-CH-02

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Karthik
REGISTER NUMBER : 16-CH-04
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072148656

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Organic and Physical chemistry	16UCY202	II
	Physics for mathematics & chemistry - II	16UCY4A4	IV
2)			
3)	Dye chemistry	16UCY510	V
4)	Analytical chemistry (Elective)	16UCY511	V
5)	Polymer chemistry	16UCY615	VI
6)	Programming in 'C'	16UCY616	VI

I am remitting the prescribed fees.

Yours faithfully,
S. Karthik
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 1950/-

By D.D. No. Dt. : Bank

Name : S. Karthik

Reg. / Roll No. : 16CH-04

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Karthik

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Veeramuthu
REGISTER NUMBER : 16-CH-15
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9629996526

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Nuclear And co-ordination chemistry	16UCY-507	V
2.	Dye chemistry	16UCY 510	V
3.	Programming in 'C'	16UCY 616	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Veeramuthu

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 1350

3 x 300 = 900

Biz = 550

Total = 1350

By D.D. No. Dt. : 03.06.19 Bank

Name : R. Veera Vanitha

Reg. / Roll No. : 16-CH-15

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : R. Vanitha

Cashier Officer / Asst. Manager

37

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Priyadharshini
REGISTER NUMBER : 16-CH-38
COURSE & BRANCH : Bsc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9805650610

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Organic chemistry - I	16UCY508	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 450/-

By D.D. No. Dt. Bank

Name : G. Priyadharshini

Reg. / Roll No. : 16-CH-38

Course : B.Sc Chemistry

Semester : V

Sign. of Remitter : G. Priya

Cashier Officer / Asst. Manager

38

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sandhiya Koushna. G
REGISTER NUMBER : 16-CH-40
COURSE & BRANCH : B.Sc chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9566904707

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical structures	16UCY612	VI

I am remitting the prescribed fees.

Yours faithfully,

Sandhya K.G

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
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NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total 450

By D.D. No. Dt.: Bank

Name : Sandhiya Koothra. G
Reg. / Roll No. : 16-CH-40
Course : B.Sc Chemistry
Semester : VI
Sign. of Remitter : Sandhiya Koothra. G

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHENDRA BOOPATHY . M
REGISTER NUMBER : 16-CH-06
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019.
MOBILE NUMBER : 9940781204

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ORGANIC CHEMISTRY-II	16UCY613	VI

I am remitting the prescribed fees.

Yours faithfully,

H. Mahendra
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt.: Bank

Name : H. Mahendra boopathi

Reg. / Roll No. : 16-CH-06

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : H. Mahendraboopathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. NAVANEETHA KRISHNAN
REGISTER NUMBER : 16-CH-08
COURSE & BRANCH : B.Sc CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9489454275

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ORGANIC CHEMISTRY - II	16-UCY-613	VI

I am remitting the prescribed fees.

Yours faithfully,
K. Navaneetha krishnan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re Valuation fees - 450/-

By D.D. No. Dt. Bank

Name : K. NAVANEETHA KRISHNAN

Reg. / Roll No. : 16-CH-08

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : K. Navaneetha krishnan

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRADEEP.K.
REGISTER NUMBER : 17-MY-02.
COURSE & BRANCH : M.SC. CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : 31.05.2019.
MOBILE NUMBER : 9698227774.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PHYSICAL CHEMISTRY - I	17PCY103	I
2.	ORGIANIC CHEMISTRY.	17PCY205	II
3.	PHYSICAL CHEMISTRY - II	17PCY206.	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1650/-

Total. 1650/-

By D.D. No. Dt.: Bank

Name : Pradeep. K.

Reg. / Roll No. : 17MY02.

Course : M.Sc. Chemistry.

Semester : I, II.

Sign. of Remitter : K. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : C. Jayapriya
REGISTER NUMBER : 16-BT-22
COURSE & BRANCH : B. Sc Botany
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9384241662

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Biofarming (Skill based elective II)	16UBY634	VI

I am remitting the prescribed fees.

Yours faithfully,

C. Jayapriya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re valuation Fees- 450/-

By D.D. No. Dt. : Bank

Name : C. Jayapriya

Reg. / Roll No. : 16 - BZ - 22

Course : B. Sc Botany

Semester : VI

Sign. of Remitter : C. Jayapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan Raj
REGISTER NUMBER : 16-ZL-03
COURSE & BRANCH : B.Sc. Zoology
MONTH & YEAR OF EXAMINATIONS : 2019. May
MOBILE NUMBER : 6369809164

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Animal physiology & Biochemistry	16OZY612	6th Semester

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan Raj 07.06.19
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees. 4507.

Indian Overseas Bank N.G.M. College Br. Pollachi - 1 07 JUN 2019 CASH RECEIVED

By D.D. No. DL 6106 19 Bank

Name : S Mohan Raj

Reg. / Roll No. : 16-21-03

Course : B.Sc Physics

Semester : 6th Semester

Sign. of Remitter : 07.06.19

Cashier *Officer / Asst. Manager*

30

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Manjuladevi
REGISTER NUMBER : 17-CH-29
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9095194149

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Foods nutrition (Non major Elective)	17UZYAN2	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Manjuladevi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

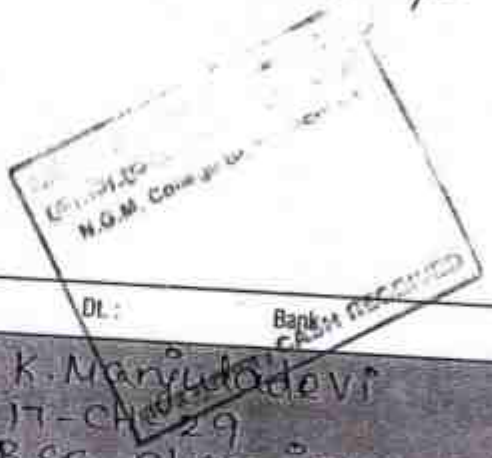
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution fees 450/-



By D.D. No. Dt.: Bank

Name : K. Manjuladevi
Reg. / Roll No. : 17-CH-29
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter : K. Manjuladevi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Surendar Dass
REGISTER NUMBER : 16-HT-30
COURSE & BRANCH : B.A History
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9385391987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	History of Kongu Country	16UHY616	VI
2.	World History - II	16UHY617	VI
3.	Introduction to Historiography	16UHY618	VI
4.	Application of Internet For History	16UHY619	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 04-07-2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION fees = 1350

/

Total = 1350

By D.D. No. Dt. : Bank

Name : D. SURENDAR DASS

Reg. / Roll No. : 16-HT-30

Course : B.A HISTORY

Semester : VI

Sign. of Remitter : D.T.D.

Cashier Officer / Asst. Manager

42

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J S . VARSHAA

REGISTER NUMBER : 17 - CM - 59

COURSE & BRANCH : B. COM (AIDED)

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 99762 54762

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	HIGHER CORPORATE ACCOUNTING	19UC0409	

I am remitting the prescribed fees.

Yours faithfully,

Varshaa

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

43

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEE - 450/-

By D.D. No. Dt. : Bank

Name : K.S. VARSHAA

Reg. / Roll No. : M-CM-59

Course : B.Com

Semester : IV

Sign. of Remitter : Varshaa

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Keerthana
REGISTER NUMBER : 18-CO-106
COURSE & BRANCH : B.com - Commerce -
MONTH & YEAR OF EXAMINATIONS : may - 2019
MOBILE NUMBER : 9976046695

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business application software and interent	18UCO2A2	II

I am remitting the prescribed fees.

Yours faithfully,

T. Keerthana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. P.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt. : Bank

Name : T. Keerthana

Reg. / Roll No. : 18-CO-106

Course : B.com commerce

Semester : II

Sign. of Remitter T. Keerthana

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Mohanraj
REGISTER NUMBER : 16-CO-73
COURSE & BRANCH : B.COM [Commerce] SF
MONTH & YEAR OF EXAMINATIONS : 2019 May
MOBILE NUMBER : 9788444219

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Income Tax	16UCO306	4 3
2)	Indirect taxation	16UCO412	4
3)	Human Resource Management	16UCO516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Mohanraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

45

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050

Total 1050

By D.D. No. Dt. : Bank

Name : B. Mohanraj

Reg / Roll No. : 16.co-75

Course : B.com [Commerce] SF

Semester : III & IV & V

Sign. of Remitter : B. Mohanraj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Pacthosh kumar
REGISTER NUMBER : 16 CO 77
COURSE & BRANCH : B.Com (Commerce)
MONTH & YEAR OF EXAMINATIONS : 2019 May.
MOBILE NUMBER : 9659244420

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	International Trade	16 UCO 4ID	4
~~2~~ 3)	~~Modern Banking~~	~~16 UCO 4II~~	~~4~~
3)	Insurance and Risk Management.	16 UCO624	6
2)	Human Resource Mungement	16 UCO 516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Pacthosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	1050
Total	1050

By D.D. No. Dt. : Bank

Name : B. Peathosh kumar
Reg. / Roll No. : 16 CO 77
Course : B.COM (Commerce)
Semester : VI & V & III
Sign. of Remitter : B. Peathosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Sabareesuvaran
REGISTER NUMBER : 16-CO-078
COURSE & BRANCH : B Com B Commerce
MONTH & YEAR OF EXAMINATIONS : ~~May 2019~~ June 2019
MOBILE NUMBER : 9944485066

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills I	16UEN101	
2	Statistical methods	16UCO4AS	

I am remitting the prescribed fees.

Yours faithfully,

21.04.2019.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

47

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 750

750

By D.D. No. Dt. : Bank

Name : B. Saravanan

Reg. / Roll No. : 16-10-78

Course : B.Com

Semester : I, IV

Sign. of Remitter : 27-Jul-2017

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Arun Kumar.
REGISTER NUMBER : 15-CO-63
COURSE & BRANCH : B.Com Commerce
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751 64 46 57

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Statistical Methods.	15.UCM4AS	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. 450

450

By D.D. No. Dt. : Bank

Name : D. Arun Kumar
Reg. / Roll No. : 15-CO-68
Course : B.Com Commerce
Semester : IV
Sign. of Remitter : D. Arun Kumar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R MOHAN PRASATH
REGISTER NUMBER : 15-CO-12
COURSE & BRANCH : B.COM (COMMERCE)
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 7402002200

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	STATISTICAL METHODS	15UCMA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R Mohan Prasath

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 06.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450

450

By D.D. No. Dt.: Bank

Name : D. MOHANPRASATH

Reg. / Roll No. : 15-CO-12

Course : B.com(CS) Commerce

Semester : IV

Sign. of Remitter : D Mohanprasath

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : ASWIN KUMAR - S
REGISTER NUMBER : 15-CO-64
COURSE & BRANCH : B.Com - Commerce
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 6380998082

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1).	HIGHER CORPORATE ACCOUNTING	15UCM409	4

I am remitting the prescribed fees.

Yours faithfully,

S. Aswin Kumar.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS · N.G.M. COLLEGE (AUTONOMOUS) POLLACHI · OFFICE OF

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-valuation fees 450

450

By D.D. No. Dt. : Bank

Name : ASWIN KUMAR-S

Reg. / Roll No. : 18-CO-64

Course : B.Com- Commerce

Semester : 4 - iv

Sign. of Remitter : S. Ashwin.

Cashier *Officer / Asst. Manager*

54

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan kumar.
REGISTER NUMBER : 15-CO-74.
COURSE & BRANCH : B.Com. Commerce. SF. II Shift.
MONTH & YEAR OF EXAMINATIONS : May, 2019
MOBILE NUMBER : 8608590180

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Higher Corporate Accounting	15UCM409	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 09/08/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 105

~~Pasmaad~~

Re-valuation fees ₹50

/

₹50

By D.D. No. Dt. : Bank

Name : S. Mohan Kumar.
Reg. / Roll No. : 15 - Co - 74.
Course : B. Com. Commerce.
Semester : IV
Sign. of Remitter : S. Mohan.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Hari hara Sudhan
REGISTER NUMBER : 15-Co-001
COURSE & BRANCH : B. Com(SS)(Commerce).
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7402103280

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial Management	15UCo625	VI

I am remitting the prescribed fees.

Yours faithfully,

G Hari

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee 450

450

By D.D. No. Dt. : Bank

Name : G. Hariharan Sudhan
Reg. / Roll No. : 15-Co-007
Course : B.Com (SF) Commerce
Semester : VI

Sign. of Remitter : G. Hariharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Siva Sankar. J
REGISTER NUMBER : 15-10-19
COURSE & BRANCH : B.Com Commerce.
MONTH & YEAR OF EXAMINATIONS : May 2018
MOBILE NUMBER : 9943432769

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UC0625	VI

I am remitting the prescribed fees.

Yours faithfully,

S. SivaSankar. J
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

50

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450-/

450-/

By D.D. No. — Dt. : Bank

Name : Sivasankar

Reg. / Roll No. : 15-10-19

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : Sivasankar

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Subavarthana
REGISTER NUMBER : 15-CO-21
COURSE & BRANCH : B.Com (SF) Commerce
MONTH & YEAR OF EXAMINATIONS : May - 2018
MOBILE NUMBER : 9994343276

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UCO625	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Subavarthana

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

57

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

450-/

By D.D. No. Dt. : Bank

Name : R.Subavarthana

Reg. / Roll No. : 15-CO-21

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : R.Subavarthana

Cashier

Officer / Asst. Manager

57

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Varatharaja Perumal.
REGISTER NUMBER : 16-BM-110
COURSE & BRANCH : BBA
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9629328203

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Principles of Business and Business Organization	16UBM101	I

I am remitting the prescribed fees.

Yours faithfully,

P. Vrj.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03/06/2019

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/1/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees - 950/-

By D.D. No. Dt. : Bank

Name : P. Vasantha Periyanayaki.

Reg. / Roll No. : 16-BM-40

Course : BBA

Semester : I

Sign. of Remitter : P. Vasu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Dhamoolharan
REGISTER NUMBER : 16-BM-09
COURSE & BRANCH : BBA-Business Administration
MONTH & YEAR OF EXAMINATIONS : may 2019
MOBILE NUMBER : 7397107012

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Taxation	16-UBM-305	3

I am remitting the prescribed fees.

P. Dhamoolharan
Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 10/6/19

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
	450

By D.D. No. Dt.: Bank

Name : P. Dhamodharan
Reg. / Roll No. : 16 BM 09
Course : BBA
Semester : III
Sign. of Remitter : P. Dhamodharan

Cashier Officer / Asst. Manager

58

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : K. SANTHOSH KRISHNA

REGISTER NUMBER : 16-CC-139

COURSE & BRANCH : B.Com CA II shift

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 98424 39240

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Corporate Accounting	16UCC305	3
2.	Tamil paper -1	16UTL101	1
3.	Higher Financial Accounts	16ULL203	2
4	Computer Fundamentals	16UIT3[illegible]	3
5.	Relational database Management System	16ULL307	3
6.	Business Law	16ULL309	4
7.	Java programming	16UCC621	6

I am remitting the prescribed fees.

Yours faithfully,

K. Santhosh Krishna
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

58

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees ₹100/=

₹100/=

By D.D. No. Dt. : Bank

Name : K. Santhosh Krishna

Reg. / Roll No. : 16-CC-139

Course : B.Com (C.A)

Semester 1/3/4/6/2

Sign. of Remitter : Santhosh Krishna

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. ARCHANA
REGISTER NUMBER : 17-BI-24
COURSE & BRANCH : B.Com (Banking and Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019.
MOBILE NUMBER : 8883770903

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Company Law	17UBI412	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 150.
Receipt No. :
Date : 04/06/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • NGM COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

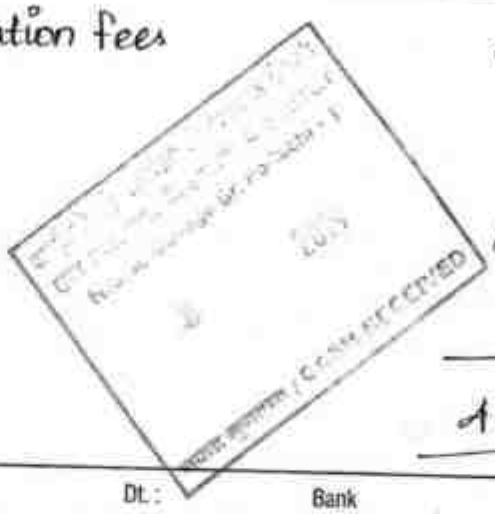
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450



450

By D.D. No. Dt.: Bank

Name : K ARCHANA
Reg. / Roll No. : 17-BL-24
Course : B.Com (B&I)
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : S. Sachin
REGISTER NUMBER : 16-BI-14
COURSE & BRANCH : B.Com Banking & Insurance
MONTH & YEAR OF EXAMINATIONS : 2016 May
MOBILE NUMBER : 6379760062

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/~~REVALUED~~/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Investment management	16UBI516	V

I am remitting the prescribed fees.

Xerox copy of the answer script - 16UBI516 - Investment management - Received on 3/6/19
S. Sachin

Yours faithfully,
S. Sachin.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF EXAMINATIONS

4/6/19

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

103

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Retotalling & xerox copy 500/-

By D.D. No. Dt. : Bank

Name : Sachin

Reg. / Roll No. : 16-BI-14

Course : B.Com Banking & Insurance

Semester : V

Sign. of Remitter : Sachin.

Cashier Officer / Asst. Manager

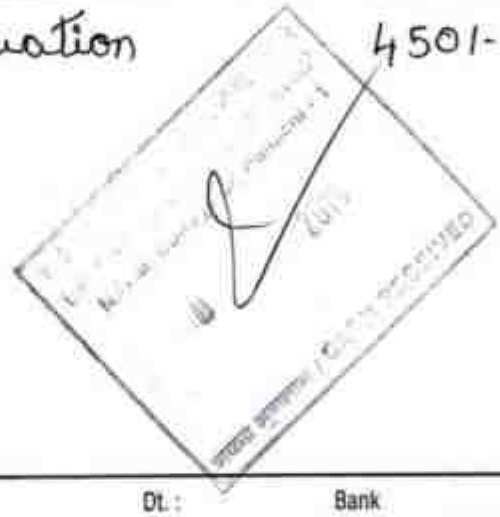
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation 4501-



By D.D. No. Dt. : Bank

Name : S. Sachin

Reg. / Roll No. : 16-BI-14

Course : B Com Banking & Insurance

Semester : V

Sign. of Remitter : S.

Cashier *Officer / Asst. Manager*

61

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Pavithra

REGISTER NUMBER : 16-BI-36

COURSE & BRANCH : B.Com (Banking & Insurance)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9842925920

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Financial innovations in Banking and Insurance.	16UBI620	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Pavithra

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 04/06/2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

61

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450
	450

By D.D. No. Dt.: Bank

Name : Pavithra. S
Reg. / Roll No. : 16 - BI - 36
Course : B. Com BPI
Semester : VI

Sign. of Remitter : S Pavithra

Cashier Officer / Asst. Manager

62

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Ajith
REGISTER NUMBER : 16-BE-08
COURSE & BRANCH : B.Com - E-commerce
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 888 25 11 83 85

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and applications	16 UEC 622	6

I am remitting the prescribed fees.

Yours faithfully,

M. Ajith
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 07/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
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POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total - 450

By D.D. No. Dt. : Bank

Name : Ajith

Reg. / Roll No. : 16BE-08

Course : Bcom e-commerce

Semester : 6

Sign. of Remitter : M. Ajith

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION/RETOLLAING/XEROX COPY

From,

NAME OF THE STUDENT : M. Umamaheswari
REGISTER NUMBER : 16-BE-59
COURSE & BRANCH : B.Com [E Commerce]
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9566408451

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and Application	16UEC622	VI[th]

I am remitting the prescribed fees.

Yours faithfully,

M. Umamaheswari
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI — OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

paper revaluation fees Rs. ~~450~~ 450

B.A 50/-

1

total ~~300~~ 450

By D.D. No. Dt. : Bank

Name : M. Umamaheswari

Reg. / Roll No. : 16BE-59

Course : B.Com [E.commerce]

Semester : VI

Sign. of Remitter : N. Umamaheswari.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Kalicharan

REGISTER NUMBER : 16 - CP - 05

COURSE & BRANCH : B.Com (Professional Accounting)

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 7010490 711.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Marketing	16 - UPA - 517	V

I am remitting the prescribed fees.

Yours faithfully,

K. Kali

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03/06/2019.

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POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Exam Fees ₹50

Revaluation

~~₹50~~

By D.D. No. Dt. : Bank

Name : K. Kalichoran

Reg. / Roll No. : 16-CP-05

Course : B.Com (P.A)

Semester : V

Sign. of Remitter : K. Kaly

Cashier Officer / Asst. Manager

69

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Jogeshwaran
REGISTER NUMBER : 16-BP-12
COURSE & BRANCH : B.Com. B.P.S
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751002971.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business Economics	16OBP/A1	I

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 04.06.2019

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees — 450

450

By D.D. No. Dt.: Bank

Name : P. Rageshwaran

Reg. / Roll No. : 16-BP-12

Course : B. Com. B.P.S

Semester : I

Sign. of Remitter : P. Rageshwaran

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : V. GURU SABARI
2. REGISTER NUMBER : 16-BP-09
3. COURSE & BRANCH : B.Com B-P-S
4. MONTH AND YEAR OF EXAMINATIONS : May 2019

9442276975

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Higher Financial Accounting	16UBP203	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450 /-
Total	450 /-

By D.D. No. Dt. : Bank

Name : V. Guru Sabari

Reg. / Roll No. : 16-BP-09

Course : B.B.Com BPS

Semester : II

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Dhana Sekar

REGISTER NUMBER : 16-BP-04

COURSE & BRANCH : B.Com - BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 8754408179.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Commercial law	16UBP 204	II
2.	Higher Accounting	16 UBP 409	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Dhana Sekar

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fee - 750

750

By D.D. No. Dt. : Bank

Name : K. Dhana Sekar

Reg. / Roll No. : 16-BP-047

Course : B.Com BPS.

Semester : III, IV

Sign. of Remitter : K. Dhana Sekar

Cashier

Officer / Asst. Manager

68

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KARTHIKEYAN.A

REGISTER NUMBER : 16-BP-11

COURSE & BRANCH : B.Com (BPS)

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9847119018

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	STATISTICAL METHODS	16UBP4A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

68

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

1

450

By D.D. No. Dt. : Bank

Name : Karthikeyan. A

Reg. / Roll No. : 16-BP-1

Course : B.com [BPS]

Semester : IV

Sign. of Remitter : Karthikeyan A

Cashier *Officer / Asst. Manager*

70

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R THANGARAJ
REGISTER NUMBER : 16 - BP - 84
COURSE & BRANCH : B.Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June - 2019
MOBILE NUMBER : 9750406725

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Thangaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001

70

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. — 450

1

450

By D.D. No. Dt. : Bank

Name : R. Thangaraj
Reg. / Roll No. : 16-BP-24
Course : B.com BPS
Semester : VI
Sign. of Remitter : R. Thangaraj.

Cashier *Officer / Asst. Manager*

71

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KEERTHIPRIYA . K

REGISTER NUMBER : 16-BP-32

COURSE & BRANCH : B.Com . BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9688233301

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Keerthipriya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

7/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

1

450

By D.D. No. Dt. : Bank

Name : K. Keerthi priya

Reg. / Roll No. : 16 BP 82

Course : B. com BPS

Semester : VI

Sign. of Remitter : K. Keerthi priya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Ranjitha
REGISTER NUMBER : 16 BP 41
COURSE & BRANCH : B.com BPS
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9894998053

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Management Accounting	16 UBP 619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Ranjitha
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03.06.2019

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

72

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee - 450

/

450

By D.D. No. Dt. : Bank

Name : R. Ranjitha

Reg. / Roll No. : 16 BP 41

Course : B. Com BPS

Semester : VI

Sign. of Remitter : R. Ranjitha

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. SUBAKSHANA
REGISTER NUMBER : 16 - BP - 47
COURSE & BRANCH : B. Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9791698747

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

G. Subakshana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

73

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 450

Total - 450

By D.D. No. Dt. : Bank

Name : G. Subaghana

Reg. / Roll No. : 16 - BP - 47

Course : B.Com (BPS)

Semester : VI

Sign. of Remitter : G. Subaghana

Cashier Officer / Asst. Manager

74

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S parthiban

REGISTER NUMBER : 15 - BP - 16

COURSE & BRANCH : B Com - BPS

MONTH & YEAR OF EXAMINATIONS : 2019 ~~NOV~~ May

MOBILE NUMBER : 8667349969

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Retail Environment and market research.	15UBP412	4
2	E - Commerce	15 UBP 410	4

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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74

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees 750

1

750

By D.D. No. DL : Bank

Name : S. Parthipan.
Reg. / Roll No. : 15 - BP - 16 -
Course : B.Com. BRS
Semester :

Sign. of Remitter : J.R.A

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : J.M. Ashwinth
2. REGISTER NUMBER : 17-mo-02
3. COURSE & BRANCH : M.com Computer Application
4. MONTH AND YEAR OF EXAMINATIONS : June - 2019

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Human Resource management	17pcc415	IV

I am remitting the prescribed fees.

J.M. Ashwinth
Yours faithfully,

J.M. Ashwinth
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee = 650

1

650

By D.D. No. Dt. Bank

Name : J.M. Ashwinth

Reg. / Roll No. : M-M10-02

Course : M.com C.A

Semester : IV

Sign. of Remitter : J.M. Ashwinth

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K.VIGNESH KUMAR
REGISTER NUMBER : 18-PI-20
COURSE & BRANCH : M.COM-IB
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9787 25 4922

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	International Relations	18PIB 206	II

I am remitting the prescribed fees.

Yours faithfully,

K. Vignesh Kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 650

650

By D.D. No. Dt. : Bank

Name : K. VIGNESH KUMAR

Reg. / Roll No. : 18-PI-20

Course : M.COM - IB

Semester : II

Sign. of Remitter : K. Vignesh Kumar

Cashier

Officer / Asst. Manager

77

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Selva Kumar
REGISTER NUMBER : 16CE16
COURSE & BRANCH : B.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9788181152

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Web technology	16UCS518	V
2.	Dot net programing	16UCS517	V

I am remitting the prescribed fees.

Yours faithfully,

M. Selva
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam Fees - 750

750

By D.D. No. Dt. : Bank

Name : M. Selva Kumar

Reg. / Roll No. : 16CE16

Course : B.Sc., CS

Semester : VI

Sign. of Remitter : M. Selva.

Cashier

Officer / Asst. Manager

78

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Solomon EASTER RAJ

REGISTER NUMBER : 16-CE-17

COURSE & BRANCH : BSC. Computer Science.

MONTH & YEAR OF EXAMINATIONS : April - 2019

MOBILE NUMBER : 9688249987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	multimedia packages (ELECTIVE)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

D Solomon EASTER RAJ

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

78

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam fees = 450

By D.D. No. Dt.: Bank

Name : D. Solomon EASTon RAJ

Reg. / Roll No. : 16-CE-17

Course : BSC - Computer Science

Semester : VI

Sign. of Remitter : D. Solomon EASTon RAJ

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Tamilarasan
REGISTER NUMBER : 16-CE-076
COURSE & BRANCH : B.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8220785429, 9600256547

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia packages (ELECTIVE)	16UCS6E7	VI TH

I am remitting the prescribed fees.

Yours faithfully,

Tamilarasan. M
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

19

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 150

Total = 150

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc (Computer Science)

Semester : VI TH

Sign. of Remitter : Tamilarasan.M

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 300

~~150~~

Total ~~150~~ 300

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc Computer Science

Semester : VI th Semester

Sign. of Remitter : Tamilarasan

Cashier Officer / Asst. Manager

80

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Nithya
REGISTER NUMBER : 16-CE-93
COURSE & BRANCH : Bsc computer Science (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9003985652

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia Package (elective)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Nithya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 4.06.19

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 300 /-

450

By D.D. No. Dt. : Bank

Name : S. Nithya

Reg. / Roll No. : 16-CE-93

Course : Bsc - Computer Science (SF)

Semester : VI

Sign. of Remitter : S. Nithya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994146962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	C Programming.	16UC701	I
2.	mathematical structures for computer Science	16UC71A1.	I
3.	Java Programming	16UC7307	III
4.	computer System Architecture	16UC73A3	III
5.	microprocessor and ALP	16UC74A4.	IV

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994145962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6.	Software engineering	16UCT519	V
7.	J2EE Technologies.	16UCT623	VI
8.	Embedded Systems.	16UCT624.	VI

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

8/

Indian Overseas Bank STUDENT COPY

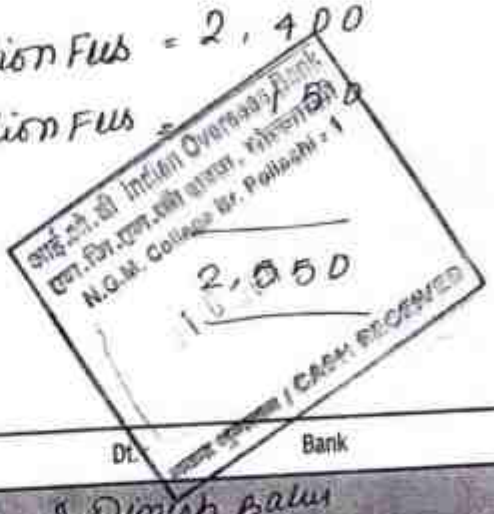
N.G.M. College Branch, Pollachi.

Date : 10/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee = 2,400

Application Fee = 500



By D.D. No. Dt. Bank

Name : S Dinesh Babu

Reg. / Roll No. : 16-CT-08

Course : BSC - Computer Technology

Semester : VI

Sign. of Remitter : S Dinesh Babu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M.R. Sarath Kumar
REGISTER NUMBER : 16-CT-14
COURSE & BRANCH : BSc computer technology.
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7010559660

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	C Programming	16UCT101	I
02	Object oriented programming with C++	16UCT204	II
03	Java programming	16UCT307	III
04	Web Designing (HTML)	16UCT308	III
05	Microprocessor and ALP	16UCT4AL	IV

I am remitting the prescribed fees.

Yours faithfully,

M.R.S

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1500
Receipt No. :
Date : 10.06.19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee : 1500

Application fees : 150

Total = 1650

By D.D. No. Dt. : Bank

Name : M.P. Sarath Kumar

Reg. / Roll No. : 16-C-14

Course : BE Computer Technology

Semester : VI

Sign. of Remitter : M.P. Sarath

Cashier *Officer / Asst. Manager*

83

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN

REGISTER NUMBER : 16-CT-07

COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8098465897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	MATHEMATICAL STRUCTURE FOR COMPUTER SCIENCE	16UCT1A1	1st
2	OBJECT ORIENTED PROGRAMMING WITH C++	16UCT304	2
3	JAVA PROGRAMMING	16UCT307	3
4	WEB DESIGNING	16UCT308	3
5	COMPUTER SYSTEM ARCHITECTURE	16UCT3A3	3

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 3150

Receipt No. :

Date : 10/07/2019

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN
REGISTER NUMBER : 16-CT-07
COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 8098419897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6	MICROPROCESSOR AND ALP.	16UCT4AL.	4
7	COMPUTER GRAPHICS	16UCT518	5
8	SOFTWARE ENGINEERING	16UCT519	5.
9	EMBEDDED SYSTEMS.	16UCT624	6
10	J2EE TECHNOLOGIES.	16UCT623.	6.

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 350
Receipt No. :
Date : 10/07/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

83

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 3000

Application 150

Indian Overseas Bank
N.G.M. College Br. Pollachi - 1

3150
CASH RECEIVED

By D.D. No. Dt. : Bank

Name : R.Karmukilan

Reg. / Roll No. : 16-CT-07

Course : B.Sc. COMPUTER TECHNOLOGY

Semester : V

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. PRAVIN
REGISTER NUMBER : 16-CT-13
COURSE & BRANCH : BSC. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9566362531

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	RELATIONAL DATABASE MANAGEMENT SYSTEM	16UCT413	4
2	SOFTWARE ENGINEERING	16UCT519	5

I am remitting the prescribed fees.

Yours faithfully,

V. Pravin
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 750
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 600

Application = 150

Total = 750

By D.D. No. Dt.: Bank

Name : V. Pravin
Reg. / Roll No. : 16 CT 13
Course : B.Sc. COMPUTER TECHNOLOGY
Semester : VI

Sign. of Remitter : V. Pravin

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : A. Vignesh Prabhu

REGISTER NUMBER : 16-CT-32

COURSE & BRANCH : B.Sc "CT"

MONTH & YEAR OF EXAMINATIONS : May - 2019

MOBILE NUMBER : 8072523022

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Relational database management system	16UCT413	IV
2	Microprocessor And ALP	16UCT414	IV
3	Cyber security	16UCT625	VI

I am remitting the prescribed fees.

Yours faithfully,

A. Vignesh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

87

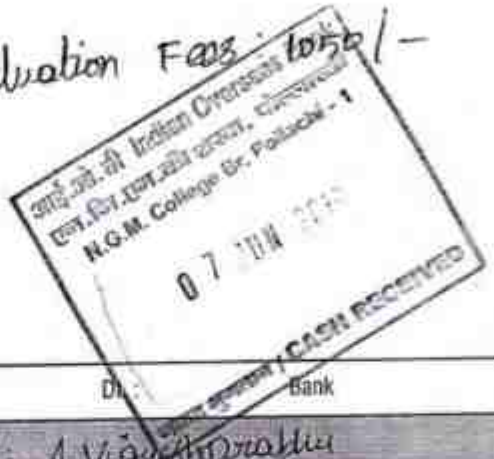
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050/-



By D.D. No. Dt. Bank

Name : A. Vigneshprabhu

Reg. / Roll No. : 16-CT-22

Course : B.Sc "CT"

Semester : VI, IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

82

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : L. GoPinath
REGISTER NUMBER : 16-CT-05
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8675855588

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

L. GoPinath.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

.. Overseas Bank STUDENT COPY

..M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

form - 150

450/-

By D.D. No. Dt. Bank

Name : L. Gopinath

Reg./Roll No. : 16-CT-05

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : L. Gopinath

Cashier *Officer / Asst. Manager*

84

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Murugathithan
REGISTER NUMBER : 16-CT-09
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : ~~June~~ May 2019
MOBILE NUMBER : 9610754201

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

V. Murugathithan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

Total - 450/-

By D.D. No. Dt. Bank

Name : V. Murugathithan

Reg. / Roll No : 16-CTT-09

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : V. Murugathithan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Aswath Kumar
REGISTER NUMBER : 15-U-02
COURSE & BRANCH : B.Sc - Computer Technology
MONTH & YEAR OF EXAMINATIONS : Apr / May - 2019
MOBILE NUMBER : 7708534538, 9894837530

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	J2EE Technologies	15UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,
R. Aswath Kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI
OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

~~STUDENT~~ COPY

Date : 06.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees: ~~150~~ 450

By D.D. No. Dt. : Bank

Name : R. Aswinth Kumar

Reg. / Roll No. : 15-CT-02

Course : B.Sc-Computer Technology

Semester : VI

Sign. of Remitter : R. Aswinth Kumar

Cashier

Officer / Asst. Manager

89

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : Manjula.V
REGISTER NUMBER : 18-MC-17
COURSE & BRANCH : M.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 6382750877

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computing Technologies	18PCS2E1	II

I am remitting the prescribed fees.

Yours faithfully,

V. Manjula

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 500/-
Receipt No. :
Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees : 650/-

650/-

By D.D. No. Dt.: Bank

Name : Manjula.V

Reg. / Roll No. : 18-MC-17

Course : MSc Computer Science

Semester : II

Sign. of Remitter : V. Manjula

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Kausika
REGISTER NUMBER : 15-MC-10
COURSE & BRANCH : M.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7708260616

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Advanced Networks	15PCS 207	II

I am remitting the prescribed fees.

Yours faithfully,

P. Kausika
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

90

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees Rs 650

Rs 650

By D.D. No. Dt. : Bank

Name : P. Kavisika
Reg. / Roll No. : 15-MC-10
Course : M.Sc Computer Science
Semester : II

Sign. of Remitter : P Kavisika

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Y. Selvaraj
REGISTER NUMBER : 17-PS-12
COURSE & BRANCH : MCA Computer Application
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9965351445

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer Networks	17PMC425	IV
2.	.Net Framework	17PMC319	III

I am remitting the prescribed fees.

Yours faithfully,

Y. Selvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI
OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

92

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : Y Saravanaj

Reg. / Roll No. : 17-PS-12

Course : MCA Computer Application

Semester : III

Sign. of Remitter : Y Saravanaj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : B. Arun Kumar

REGISTER NUMBER : 17-PS-01

COURSE & BRANCH : MCA - C Computer Application

MONTH & YEAR OF EXAMINATIONS : May - 2019.

MOBILE NUMBER : 8098179190, 7339693520

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer networks	17PMC425	IV
2.	DATA Mining And warehousing	17PMC533	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1150

Receipt No. :

Date : 4/6/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

9/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : B. Arunkumar

Reg. / Roll No. : 17-PS-01

Course : MCA (Computer Application)

Semester : VI

Sign. of Remitter : [illegible]

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Karthi Keyan
REGISTER NUMBER : 18-SE-05
COURSE & BRANCH : B.A English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8523960866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Poetry - II	18UEL204	2nd
2	Poetry - I	18UEL102	1nd

I am remitting the prescribed fees.

Yours faithfully,

G. Karthi Keyan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form fee / 150

Revaluation fees 600

total 750

By D.D. No. Dt. : Bank

Name : G. Karthi Rengan

Reg. / Roll No. : 18-SE-05

Course : B.A English Literature (SF)

Semester : I - II

Sign. of Remitter : G. Karthi Rengan

Cashier Officer / Asst. Manager

95

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. vigneshwar
REGISTER NUMBER : 18-SE-16
COURSE & BRANCH : BA English Literature
MONTH & YEAR OF EXAMINATIONS : may-2019
MOBILE NUMBER : 9585943839

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills-II	18UEN202	2nd
2	Prose-I	18UEL203	2nd

I am remitting the prescribed fees.

Yours faithfully,
K. vigneshwar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Foam Fee 150
Revolution Fees 600
750

By D.D. No. Dt. : Bank

Name : K. Vigneshwar
Reg. / Roll No. : 18-SC-16
Course : BA English Literature
Semester : 2nd

Sign. of Remitter : K. Vigneshwar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Kalaiyarasi
REGISTER NUMBER : 17TM17
COURSE & BRANCH : B.A. Tamil
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9786186930

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS - IV	17UENH04	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Kalaiyarasi.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4-6-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450

Total - 450

By D.D. No. Dt. : Bank

Name : M. Jalaiyaraji

Reg. / Roll No. : 17TM17

Course : B.A. Tamil

Semester : IV

Sign. of Remitter : M. Jalaiyaraji

Cashier *Officer / Asst. Manager*

97

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Vanithini
REGISTER NUMBER : 17 - TM - 37
COURSE & BRANCH : B. A Tamil. Lit
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9688249734

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Vanithini
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 6/06/19

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount ₹ 450

Total : 450

By D.D. No. Dt. : Bank

Name G. Nandhini

Reg. / Roll No. 17-TM-39

Course BA. Tamil. Lit

Semester IV

Sign. of Remitter G. Nandhini

Cashier *Officer / Asst. Manager*

98

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.Revathi

REGISTER NUMBER : 17-TM-42

COURSE & BRANCH : B.A TAMIL (LIT)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9025852416

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S.Revathi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

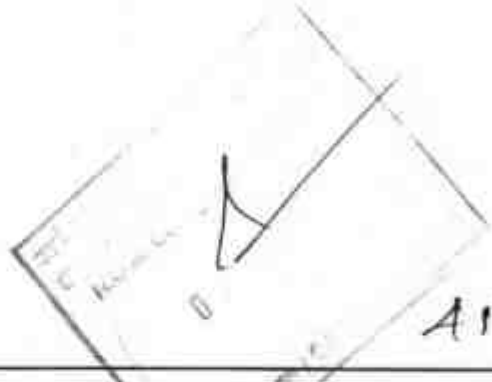
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount — 450/-



450/-

By D.D. No. Dt. : Bank

Name : S Revathi
Reg. / Roll No. : 19-TM-42
Course : B.A TAMIL (SIT)
Semester : IV

Sign. of Remitter : S Revathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Tamil selvi

REGISTER NUMBER : 17-TM-48

COURSE & BRANCH : B.A - Tamil

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9943349673

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

T. Tamil selvi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450/-

Total -450/-

By D.D. No. Dt. : Bank

Name : T. Tamil selvi

Reg. / Roll No. : 17TTN-48

Course : B.A Tamil (Lit)

Semester : IV

Sign. of Remitter : T. Tamil selvi

Cashier *Officer / Asst. Manager*

93

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Devipriya. M
REGISTER NUMBER : 16-SE-10
COURSE & BRANCH : BA English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9940956756

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	American literature	16UEL616	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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Controller of Examinations
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POLLACHI - 642 001.

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N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Amount 450

/

Total = 450

By D.D. No. Dt. : Bank

Name : Devipriya. M

Reg. / Roll No. : 16-SE-10

Course : B.A English Literature (SF)

Semester : VI

Sign. of Remitter : M Devipriya

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Adithiyan.
REGISTER NUMBER : 16-BM-01
COURSE & BRANCH : BBA - Administration
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072010857

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	Communication Skills - I	16-UEN-101	I

I am remitting the prescribed fees.

Yours faithfully,
Adithiyan.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Degree Course - 450/-

By D.D. No. Dt. : Bank

Name : Adithiyan. S

Reg. / Roll No. : 16 - BM - 01

Course : BBA

Semester : I sem

Sign. of Remitter : Adithiyan. S

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Kishor
REGISTER NUMBER : 16-CP-08
COURSE & BRANCH : B.Com (Professional Accounting)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9524840226

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills - II	16UFEN202	II

I am remitting the prescribed fees.

Yours faithfully,

G. Kishor

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

By D.D. No. Dt. : Bank

Name : G. Kishor

Reg. / Roll No. : 16-UP-08

Course : B Com (PA)

Semester : II

Sign. of Remitter : G. Kishor

Cashier *Officer / Asst. Manager*

100

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Divyabharathi
REGISTER NUMBER : 16-BL-23
COURSE & BRANCH : B.Com. (Banking & Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9361705694

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Communication skills - II	16UEN2T2	II

I am remitting the prescribed fees.

Yours faithfully,

S. Divyabharathi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 06/06/2019

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKARUPPAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

100

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/04/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation Fees 450

450

By D.D. No. Dt. : Bank

Name : S. Divya bharathi

Reg. / Roll No. : 16-BL-03

Course : B.Com. (B&I)

Semester : II

Sign. of Remitter : S. Divyabharathi

Cashier *Officer / Asst. Manager*

101

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Navaladi

REGISTER NUMBER : 1ABE-15

COURSE & BRANCH : B.Com (F.com

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 9080859309

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
(1)	Communication Skills-II	1AUENO2	II

I am remitting the prescribed fees.

Yours faithfully,

K. Bala

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous)
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N.G.M. College Branch, Pollachi.

101 STUDENT COPY

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150

/

150

By D.D. No. Dt. : Bank

Name : K. navaladi

Reg. / Roll No. : 16BE15

Course : B.Com (E.Com)

Semester : II

Sign. of Remitter : K. Navaladi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DHARANI

REGISTER NUMBER : 18-PL-06

COURSE & BRANCH : ADVANCED ENGLISH PHONETICS AND PHONOLOGY of M. A. ENGLISH LITERATURE

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 9688556061

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ADVANCED ENGLISH PHONETICS AND PHONOLOGY	18PEL105	I

I am remitting the prescribed fees.

Yours faithfully,

S. Dharani

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
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N.G.M. College Branch, Pollachi.

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form Fee - 150

/

Total - 150

By D.D. No. Dt. : Bank

Name : Dharani S

Reg. / Roll No. : 18-PL-06

Course : I M.A English Literature

Semester : I

Sign. of Remitter : S. Dharani

Cashier Officer / Asst. Manager

102

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee - 500

Total - 500

By D.D. No. Dt. : Bank

Name : S. Dharani

Reg. / Roll No. : 18-P1-06

Course : Advanced English Phonetics and Phonology

Semester : I

Sign. of Remitter : S. Dharani

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : BABY R.
REGISTER NUMBER : 16-MA-11
COURSE & BRANCH : B.Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9842084642

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Linear Algebra	16 UMS 615	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Baby.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 300

Application Fees - ₹ 150

Total Fees - ₹ 450/-

By D.D. No. Dt. : Bank

Name : BABY R.

Reg. / Roll No. : 16-MA-11

Course : B.Sc., Mathematics (Aided)

Semester : VI

Sign. of Remitter : R. Baby

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : D.PRADEEP

REGISTER NUMBER : 16-MA-04

COURSE & BRANCH : B.Sc [Mathematics]

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8973479641

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

D.P

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
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POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees ₹50/-

Total ₹50/-

By D.D. No. Dt.: Bank

Name : D. Pradeep

Reg. / Roll No. : 16-MA-04

Course : B.Sc (Mathematics)

Semester : VI

Sign. of Remitter : D. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : N. Vishnu Prasath.
REGISTER NUMBER : 16-MA-07
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 8946067374

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

N. Vishnu Prasath.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

6 x 300 = 1800 -

Biz = 900

P.M

total 2700

By D.D. No. Dt. : Bank

Name : Gowri Lankari. N Vishnu Prasath.

Reg. / Roll No. : ~~19-UG-02~~ 19-MP-07

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

1 x 300 = 300

A F = 150

450

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Lavanya
REGISTER NUMBER : 16-MA-27
COURSE & BRANCH : B. Sc., Mathematics (Aided)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9094943751

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Real Analysis - II	16UMS616	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Lavanya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 300 Rs

App. fees - 150 Rs

Total fees - 450 Rs only

By D.D. No. Dt. : Bank

Name : S. Lavanya

Reg. / Roll No. : 16-MA-27

Course : B.Sc. Mathematics (Aided)

Semester : VI

Sign. of Remitter : S. Lavanya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sathaesh kumar.M
REGISTER NUMBER : 16-MA-05
COURSE & BRANCH : B.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9786148338

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMPLEX ANALYSIS	16UMS611	VI

I am remitting the prescribed fees.

Yours faithfully,

M. Sathaesh kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

2

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

By D.D. No. Dt. : Bank

Name : M. Sathishkumar

Reg. / Roll No. : 16UMA05

Course : B.Sc Mathematics

Semester : VI

Sign. of Remitter : M. Sathish

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : SANGHAVI. E.M
REGISTER NUMBER : 18-PM-29
COURSE & BRANCH : M.Sc. MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9809203334

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PARTIAL DIFFERENTIAL EQUATIONS	18PMS207	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS207 - Partial differential Equations Received
S. Sanjul
04/06/19

Yours faithfully,

S. Sanjul
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

P. Rajguru
4/6/19

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee	Rs. 650/-
	Rs. 650/-

By D.D. No. Dt.: Bank

Name : Sargavi. E.M

Reg. / Roll No. : 18-PM-09

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : S. Sargavi

Cashier *Officer / Asst. Manager*

7

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fee	Rs. 250/-
	Rs. 250/-

By D.D. No. Dt. : Bank

Name : SANGAVI. E.M

Reg. / Roll No. : 18-PM-29

Course : M.Sc. MATHEMATICS

Semester : II

Sign. of Remitter : S Ayd

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Selva Kaathi Keyan.
REGISTER NUMBER : 18-PM-02
COURSE & BRANCH : M.Sc Mathematics
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9080415866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Mechanics	18 PMS 208	II

I am remitting the prescribed fees.

Photocopy of the answer script 18PMS208-Mechanics Received. P.S.K.

Yours faithfully,
P. S. K.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

7/6/19

for CONTROLLER OF EXAMINATIONS
Dr. R. [illegible] MARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - Rs. 500/-

By D.D. No. Dt. : Bank

Name : P. Selva Kaarthi Keyan.
Reg. / Roll No. : 18 PMD2
Course : M.Sc Mathematics
Semester : II
Sign. of Remitter : P.Selva.

Cashier *Officer / Asst. Manager*

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150/-

By D.D. No. Dt. : Bank

Name : P. Selvakarthikeyan.

Reg. / Roll No. : 18PM02

Course : M.Sc Mathematics

Semester : II

Sign. of Remitter : P. Selvakarthikeyan.

Cashier *Officer / Asst. Manager*

106

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 7/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Answer Sheet Xerox Copy - 250/-

By D.D. No. Dt. : Bank

Name : P. Selva Karthi Keyan.
Reg. / Roll No. : 18-PM-02
Course : M.Sc Mathematics
Semester : II

Sign. of Remitter : P. Selva.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Suguna
REGISTER NUMBER : 17-PM-33
COURSE & BRANCH : M SC - MATHS
MONTH & YEAR OF EXAMINATIONS : MARCH 2019
MOBILE NUMBER : 9626508820

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	FLUID DYNAMICS	17PMS415	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees – 650/-

650/-

By D.D. No. Dt. : Bank

Name : S. Suguna

Reg. / Roll No. : 17-PM-33

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. GOKUL SANJU
REGISTER NUMBER : 17-PM-04
COURSE & BRANCH : M.SC - MATHEMATICS
MONTH & YEAR OF EXAMINATIONS : MARCH - 2019
MOBILE NUMBER : 8508765333

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	OPERATOR THEORY	17-PMS416	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 650

650/-

By D.D. No. Dt. : Bank

Name : S. GOKUL SANJU

Reg. / Roll No. : 17-PM-054

Course : M.Sc - MATHS

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.M.AJITHA SHAN
REGISTER NUMBER : 17 - PH - 14
COURSE & BRANCH : B.SC, PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9944579165

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC	17UPS4A4	IV

I am remitting the prescribed fees.

Yours faithfully,

S.M.Ajitha Shan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450 /-

By D.D. No. Dt. : Bank

Name : S. M. Ajitha Shan

Reg. / Roll No. : 17 - PH - 14.

Course : B.Sc, Physics

Semester : IV

Sign. of Remitter : S. M. Ajitha Shan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : M. Muthilvannan
2. REGISTER NUMBER : 16-PH-10
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May-2019

9080464073

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Electricity and Magnetism	16UPS3C5	V

I am remitting the prescribed fees.

Yours faithfully,

M. Muthu.
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

13

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt.: Bank

Name : M. Muthivannan
Reg. / Roll No. : 16-PH-10
Course : B.Sc physics
Semester : VI

Sign. of Remitter : M. Muthivannan

Cashier

Officer / Asst. Manager

15

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YUVARAJ

REGISTER NUMBER : 16-PH-18

COURSE & BRANCH : B.Sc physics

MONTH & YEAR OF EXAMINATIONS : 05 - 2019

MOBILE NUMBER : 8754430 6055

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Electricity & Magnetism	16UPS 305	III

I am remitting the prescribed fees.

Yours faithfully,

M. Yuvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS)

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

15

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04-06-15

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
Total	450

By D.D. No. Dt. : Bank

Name : M. YUVARAJ
Reg. / Roll No. : 16-PH-18
Course : B.Sc Physics
Semester : IV

Sign. of Remitter : M. Yuvaraj

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : B. Rathna Kavin
2. REGISTER NUMBER : 16-PH-12
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May -2019

8526431002

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Classical dynamics	16 UPS 5D8	VI

I am remitting the prescribed fees.

Yours faithfully,

B.Rathna

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 05 / 06 / 19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees : ₹ 450

By D.D. No. Dt. : Bank

Name : B. Rathinakavi

Reg. / Roll No. : 16-PH-12

Course : B.Sc physics

Semester : VI

Sign. of Remitter : B. Rathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J. Aravind
REGISTER NUMBER : 16-PH-01
COURSE & BRANCH : B.Sc Physics
MONTH & YEAR OF EXAMINATIONS : 05-2019
MOBILE NUMBER : 8610738593

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Mathematical physics	16-UPS-612	VI

I am remitting the prescribed fees.

Yours faithfully,

J. Aravind

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -450

Total 450

By D.D. No. Dt. : Bank

Name : Jr. Aravind

Reg. / Roll No. : 16-PH-01

Course : B.Sc physics

Semester : VI

Sign. of Remitter : Jr. Aravind

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHALINGAM. J
REGISTER NUMBER : 16-PH-08
COURSE & BRANCH : B.Sc - Physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 7373234638

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Microprossesr Mechanisms and programing in 'C'	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

12

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450/-

By D.D. No. Dt. : Bank

Name : J. Mahalingam

Reg. / Roll No. : 16-PH-08

Course : B.Sc- physics

Semester : VI

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : K. Yoga pranav
2. REGISTER NUMBER : 16-PH-19
3. COURSE & BRANCH : B.Sc physics
4. MONTH AND YEAR OF EXAMINATIONS : May - 2019

9846536259

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Microprocessor Mechanism & programming in C	16UPS615	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Yoga Pranav.

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

16

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 02/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ₹ 450

By D.D. No. Dt. : Bank

Name : K. Yogapriya
Reg. / Roll No. : 16-PH-19
Course : B.Sc physics
Semester : VI

Sign. of Remitter : K. Yogapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. MANIMEGALAI
REGISTER NUMBER : 18-PP-16
COURSE & BRANCH : M.Sc PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9976724574

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	APPLIED ELECTRONICS (ELECTIVE)	18PPS1E1	II
2.	QUANTUM MECHANICS - I	18PPS204	II

I am remitting the prescribed fees.

Yours faithfully,
M. Manimegalai.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 1050

1

1050

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Manimegalai

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 100

1

100

CASH RECEIVED

By D.D. No. Dt. : 10/06/19 Bank IOB

Name : M. Manimegalai

Reg. / Roll No. : 18-PP-16

Course : M.Sc PHYSICS

Semester : II

Sign. of Remitter : M. Mani

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Shapnasankasi
REGISTER NUMBER : 18-PP-27
COURSE & BRANCH : M.Sc physics
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9688207776

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Quantum mechanics - I	18 PPS 204	II

I am remitting the prescribed fees.

Yours faithfully,

S. Shapnasankasi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

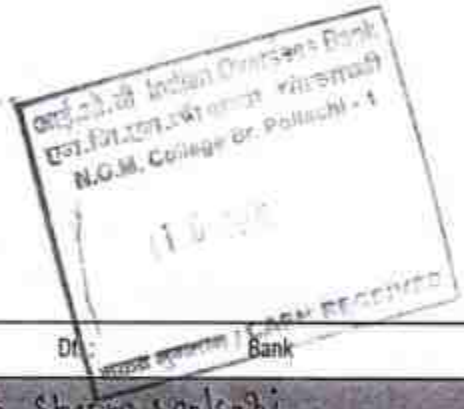
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - ₹ 650



By D.D. No. Dt. Bank

Name : S. Shafra Sankari.

Reg. / Roll No. : 18 - PP - 27

Course : M.Sc physics

Semester : II

Sign. of Remitter : S. Shafra.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. MOHAN PRAKASH.
REGISTER NUMBER : 17-PP-06
COURSE & BRANCH : MSc Physics
MONTH & YEAR OF EXAMINATIONS : April 2019
MOBILE NUMBER : 8883444971, 7904419250

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	CONDENSED MATTER PHYSICS	17PPS311	3.
2	~~Statistical Mechanics~~		
2)	QUANTUM Mechanics - II	17PPS205	2
3)	QUANTUM Mechanics - I	17PPS109	1

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

20

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Marksheet fees - 100

By D.D. No. Dt.: Bank

Name : V. MOHAN PRAKASH.

Reg. / Roll No. : 17-PP-06

Course : MSc Physics

Semester : V

Sign. of Remitter : V. Mohan

Cashier

Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = ~~200~~ 1550

By D.D. No. Dt. : Bank

Name : V. MOHAN PRAKASH

Reg. / Roll No. : 17 PG 06

Course : MSc Physics

Semester : IV

Sign. of Remitter :

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / ~~XEROX COPY~~

From

NAME OF THE STUDENT : S. SANTHOSH KUMAR
REGISTER NUMBER : 17-PP-31
COURSE & BRANCH : M.Sc – PHYSICS
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9659266057

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	Mathematical Physics	17-PPS103	I
02	Condensed matter Physics	17PPS311	III
03	Laser and non-Linear optics	17PPS412	IV
04	Micro Processor and object oriented	17PPS4E3	IV
	Programming with C++		

I am remitting the prescribed fees.

Yours faithfully,

S. Santhosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

2150

Revaluation Fees - ~~1450~~

2150/-

By D.D. No. Dt. : Bank

Name : S. Santhosh kumar

Reg. / Roll No. : 17-PP-31

Course : M.Sc - Physics

Semester : IV

Sign. of Remitter : S. Santhosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : DHARANEEDHARAN.P
REGISTER NUMBER : 17-PP-02
COURSE & BRANCH : MSc PHYSICS
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9698610833

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	MOLECULAR SPECTROSCOPY	17PPS 310	III
2)	CONDENSED MATTER PHYSICS	17PPS 311	III
3)	OPTOELECTRONICS AND NANOSCIENCE (ELECTIVE)	17PPS 3E2	III
4)	LASERS AND NON LINEAR PARTICLE PHYSICS	17 PPS 412	IV
5)	MICROPROCESSOR AND OBJECT ORIENTED PROGRAMMING WITH C++	17 PPS 4E8	IV

I am remitting the prescribed fees.

Yours faithfully,

P. Dharu.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
N.G.M. College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 2650

1

2650

By D.D. No. Dt. : Bank

Name : DHARANEEDHARAN. P

Reg. / Roll No. : 17-PP-02

Course : MSc PHYSICS

Semester : IV

Sign. of Remitter : P. Dharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Gopika.V.S
REGISTER NUMBER : 17-PP-14
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : NOV 2019 ~~November~~ MAY
MOBILE NUMBER : 8547405218

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed matter Physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
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POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-evaluation Fees = 650

By D.D. No. Dt. : Bank

Name : Gopika.V.S

Reg. / Roll No. : 17-PP-14

Course : Msc Physics

Semester : IV

Sign. of Remitter : Vasc

Cashier *Officer / Asst. Manager*

22

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Jinsha.Y
REGISTER NUMBER : 17-PP-16
COURSE & BRANCH : Msc Physics
MONTH & YEAR OF EXAMINATIONS : ~~NOVEMBER~~ MAY 2019
MOBILE NUMBER : 9080101700

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter Physics	17 PPS 31)	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

22

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 650

650

By D.D. No. Dt. : Bank

Name : Jinsha Y

Reg. / Roll No. : 17-PP-16

Course : Msc Physics

Semester : IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Kalpana
REGISTER NUMBER : 17-PP-17
COURSE & BRANCH : M.Sc Physics
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 6381704212

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Condensed Matter of physics	17PPS311	III

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
Pollachi - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/6

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees -650

1

650

By D.D. No. Dt. : Bank

Name : S. kalpana

Reg. / Roll No. : 17-PP-17

Course : MSC PHYSICS

Semester : IV

Sign. of Remitter : S. K

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRANA KAMATCHI.T
REGISTER NUMBER : 13-PP-15 - (18 PPS 205)
COURSE & BRANCH : M.Sc. PHYSICS
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 8248160637

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ELECTRO MAGNETIC THEORY	18PPS205	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Date :

Revaluation fees = 650

tot = 650

By D.D. No.

Dt. :

Bank

Name : T. Prana kamalalu

Reg. / Roll No. : 13-PP-15

Course : M.Sc. Physics

Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Srivanth.
REGISTER NUMBER : 17-CH-12.
COURSE & BRANCH : B.Sc Chemistry.
MONTH & YEAR OF EXAMINATIONS : May, 2019.
MOBILE NUMBER : 7373372512.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC CHEMISTRY	17UCY101	I
2.	ORGANIC AND PHYSICAL CHEMISTRY	17UCY202	II
3	Ancillary mathematics for Chemistry paper-I	17UCY1A1	I
4.	Ancillary mathematics for Chemistry Paper-II	17UCY2A2	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

450/-

Revaluation fees = ~~450~~

Total = 450/-

By D.D. No. Dt. Bank

Name : Vasuvanth.

Reg. / Roll No. : 17-CH-12.

Course : Bsc chemistry.

Semester : IV

Sign. of Remitter : [signature]

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 750/-

Total : 750/-

By D.D. No. Dt. : Bank

Name : SRIVANTH . V

Reg. / Roll No. : 17-CH-12

Course : B.SC, Chemistry

Semester : IV

Sign. of Remitter : Srivanth

Cashier Officer / Asst. Manager

28

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 2700

~~[illegible]~~ 300 gives to 17-CH-12.

total 03 2700

By D.D. No. Dt. : Bank

Name : Gowri Sankaran Srikanth

Reg. / Roll No. : 16-CH-02 17-CH-12

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Cuikd

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. SIBI NARSHAN.
REGISTER NUMBER : 17-CH-11
COURSE & BRANCH : Bsc. chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8973444720

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC AND ORGANIC Chemistry	17UCY101	I
2.	ANCILLARY MATHEMATICS FOR Chemistry.	17UCY1A1	I
3.	Inorganic & Organic & Physical Chemistry	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS * OFFICE OF * N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

27

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application Fee : 100

Total = 100

By D.D. No. Dt.: Bank

Name : B. Sibi varshan

Reg. / Roll No. : 17-CH-11

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : B Sibi

Cashier

Officer / Asst. Manager

27

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee :- 950/-

By D.D. No. Dt. : Bank

Name : Sibivarshan. B

Reg. / Roll No. : 17-CH-11

Course : Bsc. Chemistry

Semester : IV

Sign. of Remitter : B. Sibivarshan

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R.NAVEEN KUMAR
REGISTER NUMBER : 17-CH-07
COURSE & BRANCH : BSC - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2017
MOBILE NUMBER : 9789369991

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC, ORGANIC & PHYSICAL CHEMISTRY	17UCYA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R. Naveen

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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26

Indian Overseas Bank

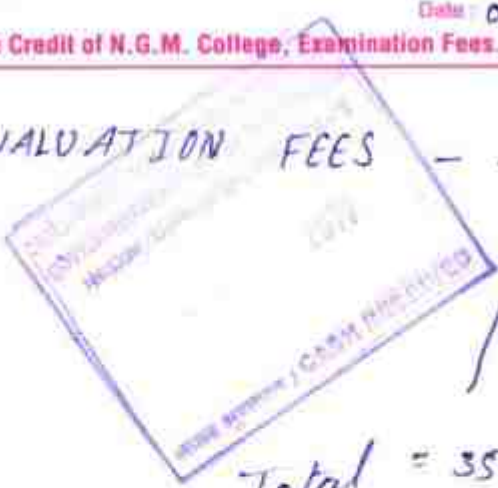
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEES - 350



Total = 350

By D.D. No. Dt. : Bank

Name : R. NAVEENKUMAR

Reg. / Roll No. : 17-CH-07

Course : BSC CHEMISTRY

Semester : IV

Sign. of Remitter : R. Naveenkumar

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation application Fee : 100/-

Total : 100/-

By D.D. No. Dt. : Bank

Name : Naveen Kumar. R

Reg. / Roll No. : 17-CH-07

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : R. Naveen

Cashier

Officer / Asst. Manager

29

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. JAGANYA
REGISTER NUMBER : 17-CH-25
COURSE & BRANCH : Bsc - CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 6381323908

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY405	IV

I am remitting the prescribed fees.

Yours faithfully,

D. Jagya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation :

Application fees = 100/.

Total = 100.

By D.D. No. Dt. : Bank

Name : D. Jaganya.

Reg. / Roll No. : 17 - CH - 25

Course : BSc CHEMISTRY

Semester : IV

Sign. of Remitter : D Jaganya.

Cashier

Officer / Asst. Manager

29

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee : 350

Total : 350/-

By D.D. No. Dt. : Bank

Name : JAGANYA . D

Reg. / Roll No. : 17-CH-25

Course : B.Sc. Chemistry

Semester : IV

Sign. of Remitter : D Jagya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. YAMUNA
REGISTER NUMBER : 17-CH-50
COURSE & BRANCH : B.Sc. Chemistry
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 8012346596

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/REVALUED/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	INORGANIC & ORGANIC & PHYSICAL CHEMISTRY	17UCY4DS	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Yamuna.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 706

Revaluation fee : 350 /-

Total : 350

By D.D. No. Dt. : Bank

Name : YAMUNA. M

Reg. / Roll No. : 17-CH-50

Course : B.Sc, Chemistry

Semester : IV

Sign. of Remitter : M. Yamuna.

Cashier

Officer / Asst. Manager

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Application : 100,
fee

Total : 100

By D.D. No. Dt. : Bank

Name : Yamuna - M

Reg. / Roll No. : 17-CH-50

Course : BSC Chemistry

Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : Gowri Sankaard
REGISTER NUMBER : 16-CH-02
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : April may / 2019
MOBILE NUMBER : 6282412527

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical Structures	16UCY612	VI
2.	organic chemistry - II	16UCY613	VI
3	16UCY508 organic chemistry - I	16UCY508	V
4.	inorganic and organic chemistry	16UCY101	I
5.	programming in c	16UCY616	VI
6.	polymer chemistry	16UCY615	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Gowri

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 2700

6 x 300 = 1800 + 150 = 1950

B.Sc = 750

total 2700

By D.D. No. Dt.: Bank

Name : Gowri Sankari

Reg. / Roll No. : 16-CH-02

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Gowri

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Karthik
REGISTER NUMBER : 16-CH-04
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072148656

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Organic and Physical chemistry	16UCY202	II
	Physics for mathematics & chemistry - II	16UCY4A4	IV
2)			
3)	Dye chemistry	16UCY510	V
4)	Analytical chemistry (Elective)	16UCY511	V
5)	Polymer chemistry	16UCY615	VI
6)	Programming in 'C'	16UCY616	VI

I am remitting the prescribed fees.

Yours faithfully,
S. Karthik
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 1950/-

By D.D. No. Dt. : Bank

Name : S. Karthik

Reg. / Roll No. : 16CH-04

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : S. Karthik

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Veeramuthu
REGISTER NUMBER : 16-CH-15
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9629996526

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Nuclear And co-ordination chemistry	16UCY-507	V
2.	Dye chemistry	16UCY 510	V
3.	Programming in 'C'	16UCY 616	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Veeramuthu

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 1350

3 x 300 = 900

Biz = 550

Total = 1350

By D.D. No. Dt. : 03.06.19 Bank

Name : R. Veera Vanitha

Reg. / Roll No. : 16-CH-15

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : R. Vanitha

Cashier Officer / Asst. Manager

37

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Priyadharshini
REGISTER NUMBER : 16-CH-38
COURSE & BRANCH : Bsc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9805650610

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Organic chemistry - I	16UCY508	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees = 450/-

By D.D. No. Dt. Bank

Name : G. Priyadharshini

Reg. / Roll No. : 16-CH-38

Course : B.Sc Chemistry

Semester : V

Sign. of Remitter : G. Priya

Cashier Officer / Asst. Manager

38

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Sandhiya Koushna. G
REGISTER NUMBER : 16-CH-40
COURSE & BRANCH : B.Sc chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9566904707

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	physical methods and chemical structures	16UCY612	VI

I am remitting the prescribed fees.

Yours faithfully,

Sandhya K.G

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total 450

By D.D. No. Dt.: Bank

Name : Sandhiya Koothra. G
Reg. / Roll No. : 16-CH-40
Course : B.Sc Chemistry
Semester : VI
Sign. of Remitter : Sandhiya Koothra. G

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : MAHENDRA BOOPATHY . M
REGISTER NUMBER : 16-CH-06
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : June 2019.
MOBILE NUMBER : 9940781204

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	ORGANIC CHEMISTRY-II	16UCY613	VI

I am remitting the prescribed fees.

Yours faithfully,

H. Mahendra
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt.: Bank

Name : H. Mahendra boopathi

Reg. / Roll No. : 16-CH-06

Course : B.Sc Chemistry

Semester : VI

Sign. of Remitter : H. Mahendraboopathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. NAVANEETHA KRISHNAN
REGISTER NUMBER : 16-CH-08
COURSE & BRANCH : B.Sc CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 9489454275

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ORGANIC CHEMISTRY - II	16-UCY-613	VI

I am remitting the prescribed fees.

Yours faithfully,
K. Navaneetha krishnan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 06/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re Valuation fees - 450/-

By D.D. No. Dt. Bank

Name : K. NAVANEETHA KRISHNAN

Reg. / Roll No. : 16-CH-08

Course : B.Sc chemistry

Semester : VI

Sign. of Remitter : K. Navaneetha krishnan

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : PRADEEP.K.
REGISTER NUMBER : 17-MY-02.
COURSE & BRANCH : M.SC. CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : 31.05.2019.
MOBILE NUMBER : 9698227774.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	PHYSICAL CHEMISTRY - I	17PCY103	I
2.	ORGIANIC CHEMISTRY.	17PCY205	II
3.	PHYSICAL CHEMISTRY - II	17PCY206.	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1650/-

Total. 1650/-

By D.D. No. Dt.: Bank

Name : Pradeep. K.

Reg. / Roll No. : 17MY02.

Course : M.Sc. Chemistry.

Semester : I, II.

Sign. of Remitter : K. Pradeep

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALAING / XEROX COPY

From

NAME OF THE STUDENT : C. Jayapriya
REGISTER NUMBER : 16-BT-22
COURSE & BRANCH : B. Sc Botany
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9384241662

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Biofarming (Skill based elective II)	16UBY634	VI

I am remitting the prescribed fees.

Yours faithfully,

C. Jayapriya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re valuation Fees- 450/-

By D.D. No. Dt. : Bank

Name : C. Jayapriya

Reg. / Roll No. : 16 - BZ - 22

Course : B. Sc Botany

Semester : VI

Sign. of Remitter : C. Jayapriya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan Raj
REGISTER NUMBER : 16-ZL-03
COURSE & BRANCH : B.Sc. Zoology
MONTH & YEAR OF EXAMINATIONS : 2019. May
MOBILE NUMBER : 6369809164

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Animal physiology & Biochemistry	16OZY612	6th Semester

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan Raj 07.06.19
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees. 4507.

Indian Overseas Bank N.G.M. College Br. Pollachi - 1 07 JUN 2019 CASH RECEIVED

By D.D. No. DL 6106 19 Bank

Name : S Mohan Raj

Reg. / Roll No. : 16-21-03

Course : B.Sc Physics

Semester : 6th Semester

Sign. of Remitter : 07.06.19

Cashier *Officer / Asst. Manager*

30

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Manjuladevi
REGISTER NUMBER : 17-CH-29
COURSE & BRANCH : B.Sc Chemistry
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9095194149

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Foods nutrition (Non major Elective)	17UZYAN2	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Manjuladevi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

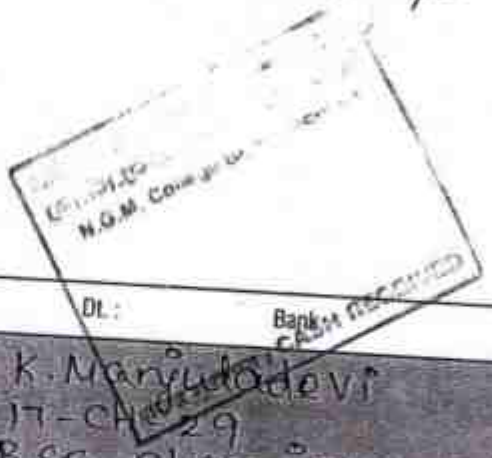
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution fees 450/-



By D.D. No. Dt.: Bank

Name : K. Manjuladevi
Reg. / Roll No. : 17-CH-29
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter : K. Manjuladevi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Surendar Dass
REGISTER NUMBER : 16-HT-30
COURSE & BRANCH : B.A History
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 9385391987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	History of Kongu Country	16UHY616	VI
2.	World History - II	16UHY617	VI
3.	Introduction to Historiography	16UHY618	VI
4.	Application of Internet For History	16UHY619	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 04-07-2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION fees = 1350

/

Total = 1350

By D.D. No. Dt. : Bank

Name : D. SURENDAR DASS

Reg. / Roll No. : 16-HT-30

Course : B.A HISTORY

Semester : VI

Sign. of Remitter : D.T.D.

Cashier Officer / Asst. Manager

42

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : J S . VARSHAA

REGISTER NUMBER : 17 - CM - 59

COURSE & BRANCH : B. COM (AIDED)

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 99762 54762

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	HIGHER CORPORATE ACCOUNTING	19UC0409	

I am remitting the prescribed fees.

Yours faithfully,

Varshaa

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

43

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

REVALUATION FEE - 450/-

By D.D. No. Dt. : Bank

Name : K.S. VARSHAA

Reg. / Roll No. : M-CM-59

Course : B.Com

Semester : IV

Sign. of Remitter : Varshaa

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Keerthana
REGISTER NUMBER : 18-CO-106
COURSE & BRANCH : B.com - Commerce -
MONTH & YEAR OF EXAMINATIONS : may - 2019
MOBILE NUMBER : 9976046695

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business application software and interent	18UCO2A2	II

I am remitting the prescribed fees.

Yours faithfully,

T. Keerthana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. P.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fees : 450

Total = 450

By D.D. No. Dt. : Bank

Name : T. Keerthana

Reg. / Roll No. : 18-CO-106

Course : B.com commerce

Semester : II

Sign. of Remitter T. Keerthana

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Mohanraj
REGISTER NUMBER : 16-CO-73
COURSE & BRANCH : B.COM [Commerce] SF
MONTH & YEAR OF EXAMINATIONS : 2019 May
MOBILE NUMBER : 9788444219

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Income Tax	16UCO306	4 3
2)	Indirect taxation	16UCO412	4
3)	Human Resource Management	16UCO516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Mohanraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

45

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050

Total 1050

By D.D. No. Dt. : Bank

Name : B. Mohanraj

Reg / Roll No. : 16.co-75

Course : B.com [Commerce] SF

Semester : III & IV & V

Sign. of Remitter : B. Mohanraj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Pacthosh kumar
REGISTER NUMBER : 16 CO 77
COURSE & BRANCH : B.Com (Commerce)
MONTH & YEAR OF EXAMINATIONS : 2019 May.
MOBILE NUMBER : 9659244420

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	International Trade	16 UCO 4ID	4
~~2~~ 3)	~~Modern Banking~~	~~16 UCO 4II~~	~~4~~
3)	Insurance and Risk Management.	16 UCO624	6
2)	Human Resource Mungement	16 UCO 516	5

I am remitting the prescribed fees.

Yours faithfully,

B. Pacthosh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1050
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-6-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	1050
Total	1050

By D.D. No. Dt. : Bank

Name : B. Peathosh kumar
Reg. / Roll No. : 16 CO 77
Course : B.COM (Commerce)
Semester : VI & V & III
Sign. of Remitter : B. Peathosh

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : B. Sabareesuvaran
REGISTER NUMBER : 16-CO-078
COURSE & BRANCH : B Com B Commerce
MONTH & YEAR OF EXAMINATIONS : ~~May 2019~~ June 2019
MOBILE NUMBER : 9944485066

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills I	16UEN101	
2	Statistical methods	16UCO4AS	

I am remitting the prescribed fees.

Yours faithfully,

21.04.2019.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
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Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 750

750

By D.D. No. Dt. : Bank

Name : B. Saravanan

Reg. / Roll No. : 16-10-78

Course : B.Com

Semester : I, IV

Sign. of Remitter : 27-Jul-2017

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Arun Kumar.
REGISTER NUMBER : 15-CO-63
COURSE & BRANCH : B.Com Commerce
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751 64 46 57

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Statistical Methods.	15.UCM4AS	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. 450

450

By D.D. No. Dt. : Bank

Name : D. Arun Kumar
Reg. / Roll No. : 15-CO-68
Course : B.Com Commerce
Semester : IV
Sign. of Remitter : D. Arun Kumar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R MOHAN PRASATH
REGISTER NUMBER : 15-CO-12
COURSE & BRANCH : B.COM (COMMERCE)
MONTH & YEAR OF EXAMINATIONS : MAY 2019
MOBILE NUMBER : 7402002200

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	STATISTICAL METHODS	15UCMA05	IV

I am remitting the prescribed fees.

Yours faithfully,

R Mohan Prasath

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 06.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450

450

By D.D. No. Dt.: Bank

Name : D. MOHANPRASATH

Reg. / Roll No. : 15-CO-12

Course : B.com(CS) Commerce

Semester : IV

Sign. of Remitter : D Mohanprasath

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : ASWIN KUMAR - S
REGISTER NUMBER : 15-CO-64
COURSE & BRANCH : B.Com - Commerce
MONTH & YEAR OF EXAMINATIONS : MAY - 2019
MOBILE NUMBER : 6380998082

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1).	HIGHER CORPORATE ACCOUNTING	15UCM409	4

I am remitting the prescribed fees.

Yours faithfully,

S. Aswin Kumar.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
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53

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Re-valuation fees 450

450

By D.D. No. Dt. : Bank

Name : ASWIN KUMAR-S

Reg. / Roll No. : 18-CO-64

Course : B.Com- Commerce

Semester : 4 - iv

Sign. of Remitter : S. Ashwin.

Cashier *Officer / Asst. Manager*

54

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Mohan kumar.
REGISTER NUMBER : 15-CO-74.
COURSE & BRANCH : B.Com. Commerce. SF. II Shift.
MONTH & YEAR OF EXAMINATIONS : May, 2019
MOBILE NUMBER : 8608590180

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Higher Corporate Accounting	15UCM409	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Mohan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
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Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 09/08/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 105

~~Pasmaad~~

Re-valuation fees ₹50

/

₹50

By D.D. No. Dt. : Bank

Name : S. Mohan Kumar.
Reg. / Roll No. : 15 - Co - 74.
Course : B. Com. Commerce.
Semester : IV
Sign. of Remitter : S. Mohan.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Hari hara Sudhan
REGISTER NUMBER : 15-Co-001
COURSE & BRANCH : B. Com(SS)(Commerce).
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7402103280

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial Management	15UCo625	VI

I am remitting the prescribed fees.

Yours faithfully,

G Hari

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee 450

450

By D.D. No. Dt. : Bank

Name : G. Hariharan Sudhan
Reg. / Roll No. : 15-Co-007
Course : B.Com (SF) Commerce
Semester : VI

Sign. of Remitter : G. Hariharan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Siva Sankar. J
REGISTER NUMBER : 15-10-19
COURSE & BRANCH : B.Com Commerce.
MONTH & YEAR OF EXAMINATIONS : May 2018
MOBILE NUMBER : 9943432769

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UC0625	VI

I am remitting the prescribed fees.

Yours faithfully,

S. SivaSankar. J
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

50

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450-/

450-/

By D.D. No. — Dt. : Bank

Name : Sivasankar

Reg. / Roll No. : 15-10-19

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : Sivasankar

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Subavarthana
REGISTER NUMBER : 15-CO-21
COURSE & BRANCH : B.Com (SF) Commerce
MONTH & YEAR OF EXAMINATIONS : May - 2018
MOBILE NUMBER : 9994343276

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Financial management	15UCO625	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Subavarthana

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

57

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10-06-18

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

450-/

By D.D. No. Dt. : Bank

Name : R.Subavarthana

Reg. / Roll No. : 15-CO-21

Course : B.Com Commerce

Semester : VI

Sign. of Remitter : R.Subavarthana

Cashier

Officer / Asst. Manager

57

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Varatharaja Perumal.
REGISTER NUMBER : 16-BM-110
COURSE & BRANCH : BBA
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9629328203

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Principles of Business and Business Organization	16UBM101	I

I am remitting the prescribed fees.

Yours faithfully,

P. Vrj.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03/06/2019

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/1/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees - 950/-

By D.D. No. Dt. : Bank

Name : P. Vasantha Periyanayaki.

Reg. / Roll No. : 16-BM-40

Course : BBA

Semester : I

Sign. of Remitter : P. Vasu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Dhamoolharan
REGISTER NUMBER : 16-BM-09
COURSE & BRANCH : BBA-Business Administration
MONTH & YEAR OF EXAMINATIONS : may 2019
MOBILE NUMBER : 7397107012

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Taxation	16-UBM-305	3

I am remitting the prescribed fees.

P. Dhamoolharan
Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 10/6/19

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees	450
	450

By D.D. No. Dt.: Bank

Name : P. Dhamodharan
Reg. / Roll No. : 16 BM 09
Course : BBA
Semester : III
Sign. of Remitter : P. Dhamodharan

Cashier Officer / Asst. Manager

58

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : K. SANTHOSH KRISHNA

REGISTER NUMBER : 16-CC-139

COURSE & BRANCH : B.Com CA II shift

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 98424 39240

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Corporate Accounting	16UCC305	3
2.	Tamil paper -1	16UTL101	1
3.	Higher Financial Accounts	16ULL203	2
4	Computer Fundamentals	16UIT3[illegible]	3
5.	Relational database Management System	16ULL307	3
6.	Business Law	16ULL309	4
7.	Java programming	16UCC621	6

I am remitting the prescribed fees.

Yours faithfully,

K. Santhosh Krishna
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

58

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 04/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees ₹100/=

₹100/=

By D.D. No. Dt. : Bank

Name : K. Santhosh Krishna

Reg. / Roll No. : 16-CC-139

Course : B.Com (C.A)

Semester 1/3/4/6/2

Sign. of Remitter : Santhosh Krishna

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. ARCHANA
REGISTER NUMBER : 17-BI-24
COURSE & BRANCH : B.Com (Banking and Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019.
MOBILE NUMBER : 8883770903

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Company Law	17UBI412	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 150.
Receipt No. :
Date : 04/06/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • NGM COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

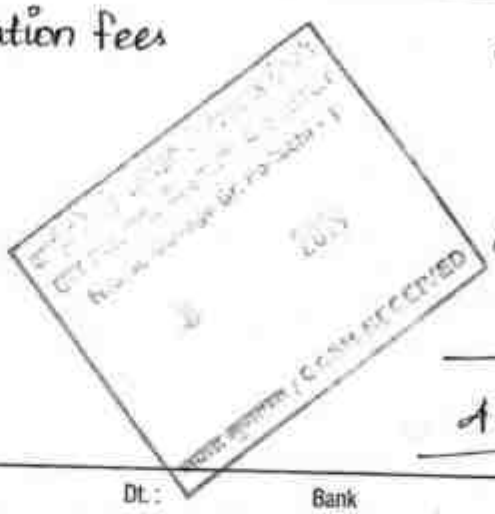
Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 04/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation fees 450



450

By D.D. No. Dt.: Bank

Name : K ARCHANA
Reg. / Roll No. : 17-BL-24
Course : B.Com (B&I)
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : S. Sachin
REGISTER NUMBER : 16-BI-14
COURSE & BRANCH : B.Com Banking & Insurance
MONTH & YEAR OF EXAMINATIONS : 2016 May
MOBILE NUMBER : 6379760062

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) ~~RETOTALED~~/~~REVALUED~~/~~XEROX~~ copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Investment management	16UBI516	V

I am remitting the prescribed fees.

Xerox copy of the answer script - 16UBI516 - Investment management - Received on 3/6/19
S. Sachin

Yours faithfully,
S. Sachin.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF EXAMINATIONS

4/6/19

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

103

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 03-06-19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Retotalling & xerox copy 500/-

By D.D. No. Dt. : Bank

Name : Sachin

Reg. / Roll No. : 16-BI-14

Course : B.Com Banking & Insurance

Semester : V

Sign. of Remitter : Sachin.

Cashier Officer / Asst. Manager

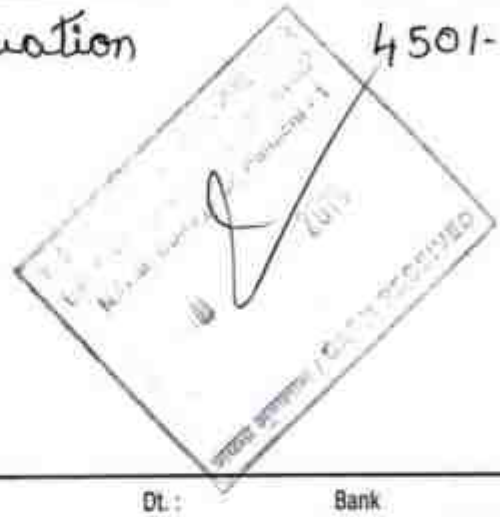
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation 4501-



By D.D. No. Dt. : Bank

Name : S. Sachin

Reg. / Roll No. : 16-BI-14

Course : B Com Banking & Insurance

Semester : V

Sign. of Remitter : S.

Cashier *Officer / Asst. Manager*

61

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Pavithra

REGISTER NUMBER : 16-BI-36

COURSE & BRANCH : B.Com (Banking & Insurance)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9842925920

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Financial innovations in Banking and Insurance.	16UBI620	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Pavithra

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 04/06/2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

61

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450
	450

By D.D. No. Dt.: Bank

Name : Pavithra. S
Reg. / Roll No. : 16 - BI - 36
Course : B. Com BPI
Semester : VI

Sign. of Remitter : S Pavithra

Cashier Officer / Asst. Manager

62

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Ajith
REGISTER NUMBER : 16-BE-08
COURSE & BRANCH : B.Com - E-commerce
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 888 25 11 83 85

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and applications	16 UEC 622	6

I am remitting the prescribed fees.

Yours faithfully,

M. Ajith
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 07/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 07/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

total - 450

By D.D. No. Dt. : Bank

Name : Ajith

Reg. / Roll No. : 16BE-08

Course : Bcom e-commerce

Semester : 6

Sign. of Remitter : M. Ajith

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION/RETOLLAING/XEROX COPY

From,

NAME OF THE STUDENT : M. Umamaheswari
REGISTER NUMBER : 16-BE-59
COURSE & BRANCH : B.Com [E Commerce]
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9566408451

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	E-commerce Strategy and Application	16UEC622	VI[th]

I am remitting the prescribed fees.

Yours faithfully,

M. Umamaheswari
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI — OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

paper revaluation fees Rs. ~~450~~ 450

B.A 50/-

1

total ~~300~~ 450

By D.D. No. Dt. : Bank

Name : M. Umamaheswari

Reg. / Roll No. : 16BE-59

Course : B.Com [E.commerce]

Semester : VI

Sign. of Remitter : N. Umamaheswari.

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Kalicharan

REGISTER NUMBER : 16 - CP - 05

COURSE & BRANCH : B.Com (Professional Accounting)

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 7010490 711.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Marketing	16 - UPA - 517	V

I am remitting the prescribed fees.

Yours faithfully,

K. Kali

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03/06/2019.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Exam Fees ₹50

Revaluation

~~₹50~~

By D.D. No. Dt. : Bank

Name : K. Kalichoran

Reg. / Roll No. : 16-CP-05

Course : B.Com (P.A)

Semester : V

Sign. of Remitter : K. Kaly

Cashier Officer / Asst. Manager

69

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Jogeshwaran
REGISTER NUMBER : 16-BP-12
COURSE & BRANCH : B.Com. B.P.S
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9751002971.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Business Economics	16OBP/A1	I

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 04.06.2019

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS · OFFICE OF · N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees — 450

450

By D.D. No. Dt.: Bank

Name : P. Rageshwaran

Reg. / Roll No. : 16-BP-12

Course : B. Com. B.P.S

Semester : I

Sign. of Remitter : P. Rageshwaran

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : V. GURU SABARI
2. REGISTER NUMBER : 16-BP-09
3. COURSE & BRANCH : B.Com B-P-S
4. MONTH AND YEAR OF EXAMINATIONS : May 2019

9442276975

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Higher Financial Accounting	16UBP203	II

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees	450 /-
Total	450 /-

By D.D. No. Dt. : Bank

Name : V. Guru Sabari

Reg. / Roll No. : 16-BP-09

Course : B.B.Com BPS

Semester : II

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Dhana Sekar

REGISTER NUMBER : 16-BP-04

COURSE & BRANCH : B.Com - BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 8754408179.

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Commercial law	16UBP 204	II
2.	Higher Accounting	16 UBP 409	IV

I am remitting the prescribed fees.

Yours faithfully,

K. Dhana Sekar

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS OFFICE N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation fee - 750

750

By D.D. No. Dt. : Bank

Name : K. Dhana Sekar

Reg. / Roll No. : 16-BP-047

Course : B.Com BPS.

Semester : III, IV

Sign. of Remitter : K. Dhana Sekar

Cashier

Officer / Asst. Manager

68

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KARTHIKEYAN.A

REGISTER NUMBER : 16-BP-11

COURSE & BRANCH : B.Com (BPS)

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9847119018

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	STATISTICAL METHODS	16UBP4A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

68

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 450/-

1

450

By D.D. No. Dt. : Bank

Name : Karthikeyan. A

Reg. / Roll No. : 16-BP-1

Course : B.com [BPS]

Semester : IV

Sign. of Remitter : Karthikeyan A

Cashier *Officer / Asst. Manager*

70

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R THANGARAJ
REGISTER NUMBER : 16 - BP - 84
COURSE & BRANCH : B.Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June - 2019
MOBILE NUMBER : 9750406725

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Thangaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001

70

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees. — 450

1

450

By D.D. No. Dt. : Bank

Name : R. Thangaraj
Reg. / Roll No. : 16-BP-24
Course : B.com BPS
Semester : VI
Sign. of Remitter : R. Thangaraj.

Cashier *Officer / Asst. Manager*

71

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : KEERTHIPRIYA . K

REGISTER NUMBER : 16-BP-32

COURSE & BRANCH : B.Com . BPS

MONTH & YEAR OF EXAMINATIONS : June 2019

MOBILE NUMBER : 9688233301

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

K. Keerthipriya

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450

Receipt No. :

Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

7/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

1

450

By D.D. No. Dt. : Bank

Name : K. Keerthi priya

Reg. / Roll No. : 16 BP 82

Course : B. com BPS

Semester : VI

Sign. of Remitter : K. Keerthi priya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Ranjitha
REGISTER NUMBER : 16 BP 41
COURSE & BRANCH : B.com BPS
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9894998053

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Management Accounting	16 UBP 619	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Ranjitha
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 03.06.2019

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

72

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee - 450

/

450

By D.D. No. Dt. : Bank

Name : R. Ranjitha

Reg. / Roll No. : 16 BP 41

Course : B. Com BPS

Semester : VI

Sign. of Remitter : R. Ranjitha

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. SUBAKSHANA
REGISTER NUMBER : 16 - BP - 47
COURSE & BRANCH : B. Com (BPS)
MONTH & YEAR OF EXAMINATIONS : June 2019
MOBILE NUMBER : 9791698747

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	management accounting	16UBP619	VI

I am remitting the prescribed fees.

Yours faithfully,

G. Subakshana
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 03/06/19

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

73

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 450

Total - 450

By D.D. No. Dt. : Bank

Name : G. Subaghana

Reg. / Roll No. : 16 - BP - 47

Course : B.Com (BPS)

Semester : VI

Sign. of Remitter : G. Subaghana

Cashier Officer / Asst. Manager

74

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S parthiban

REGISTER NUMBER : 15 - BP - 16

COURSE & BRANCH : B Com - BPS

MONTH & YEAR OF EXAMINATIONS : 2019 ~~NOV~~ May

MOBILE NUMBER : 8667349969

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Retail Environment and market research.	15UBP412	4
2	E - Commerce	15 UBP 410	4

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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74

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Arrear fees 750

1

750

By D.D. No. DL : Bank

Name : S. Parthipan.
Reg. / Roll No. : 15 - BP - 16 -
Course : B.Com. BRS
Semester :

Sign. of Remitter : J.R.A

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALLING / XEROX COPY

From

1. NAME : J.M. Ashwinth
2. REGISTER NUMBER : 17-mo-02
3. COURSE & BRANCH : M.com Computer Application
4. MONTH AND YEAR OF EXAMINATIONS : June - 2019

TO

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALLED/REVALUED/XEROX copies.

SL.NO.	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Human Resource management	17pcc415	IV

I am remitting the prescribed fees.

J.M. Ashwinth
Yours faithfully,

J.M. Ashwinth
Signature of the Student.

FOR OFFICE USE ONLY

Amount Rs. :

Receipt No. :

DATE :

A2.

THE CONTROLLER OF EXAMINATIONS • OFFICE • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS.

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

75

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03-06-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fee = 650

1

650

By D.D. No. Dt. Bank

Name : J.M. Ashwinth

Reg. / Roll No. : M-M10-02

Course : M.com C.A

Semester : IV

Sign. of Remitter : J.M. Ashwinth

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K.VIGNESH KUMAR
REGISTER NUMBER : 18-PI-20
COURSE & BRANCH : M.COM-IB
MONTH & YEAR OF EXAMINATIONS : MAY-2019
MOBILE NUMBER : 9787 25 4922

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	International Relations	18PIB 206	II

I am remitting the prescribed fees.

Yours faithfully,

K. Vignesh Kumar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 650

650

By D.D. No. Dt. : Bank

Name : K. VIGNESH KUMAR

Reg. / Roll No. : 18-PI-20

Course : M.COM - IB

Semester : II

Sign. of Remitter : K. Vignesh Kumar

Cashier

Officer / Asst. Manager

77

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Selva Kumar
REGISTER NUMBER : 16CE16
COURSE & BRANCH : B.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9788181152

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Web technology	16UCS518	V
2.	Dot net programing	16UCS517	V

I am remitting the prescribed fees.

Yours faithfully,

M. Selva
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam Fees - 750

750

By D.D. No. Dt. : Bank

Name : M. Selva Kumar

Reg. / Roll No. : 16CE16

Course : B.Sc., CS

Semester : VI

Sign. of Remitter : M. Selva.

Cashier

Officer / Asst. Manager

78

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : D. Solomon EASTER RAJ

REGISTER NUMBER : 16-CE-17

COURSE & BRANCH : BSC. Computer Science.

MONTH & YEAR OF EXAMINATIONS : April - 2019

MOBILE NUMBER : 9688249987

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	multimedia packages (ELECTIVE)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

D Solomon EASTER RAJ

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

CONTROLLER OF EXAMINATIONS

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

78

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 6/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Exam fees = 450

By D.D. No. Dt.: Bank

Name : D. Solomon EASTon RAJ

Reg. / Roll No. : 16-CE-17

Course : BSC - Computer Science

Semester : VI

Sign. of Remitter : D. Solomon EASTon RAJ

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Tamilarasan
REGISTER NUMBER : 16-CE-076
COURSE & BRANCH : B.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8220785429, 9600256547

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia packages (ELECTIVE)	16UCS6E7	VI TH

I am remitting the prescribed fees.

Yours faithfully,

Tamilarasan. M
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

19

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees = 150

Total = 150

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc (Computer Science)

Semester : VI TH

Sign. of Remitter : Tamilarasan.M

Cashier Officer / Asst. Manager

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees : 300

~~150~~

Total ~~150~~ 300

By D.D. No. Dt. : Bank

Name : M. Tamilarasan

Reg. / Roll No. : 16-CE-076

Course : B.Sc Computer Science

Semester : VI th Semester

Sign. of Remitter : Tamilarasan

Cashier Officer / Asst. Manager

80

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Nithya
REGISTER NUMBER : 16-CE-93
COURSE & BRANCH : Bsc computer Science (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9003985652

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Multimedia Package (elective)	16UCS6E7	VI

I am remitting the prescribed fees.

Yours faithfully,

S. Nithya
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450/-
Receipt No. :
Date : 4.06.19

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 300 /-

450

By D.D. No. Dt. : Bank

Name : S. Nithya

Reg. / Roll No. : 16-CE-93

Course : Bsc - Computer Science (SF)

Semester : VI

Sign. of Remitter : S. Nithya

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994146962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	C Programming.	16UC701	I
2.	mathematical structures for computer Science	16UC71A1.	I
3.	Java Programming	16UC7307	III
4.	computer System Architecture	16UC73A3	III
5.	microprocessor and ALP	16UC74A4.	IV

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DINESH BABU
REGISTER NUMBER : 16-CT-03
COURSE & BRANCH : BSC - COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9994145962

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6.	Software engineering	16UCT519	V
7.	J2EE Technologies.	16UCT623	VI
8.	Embedded Systems.	16UCT624.	VI

I am remitting the prescribed fees.

Yours faithfully,

S Dinesh babu
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 2550
Receipt No. :
Date : 10/06/2019.

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

8/

Indian Overseas Bank STUDENT COPY

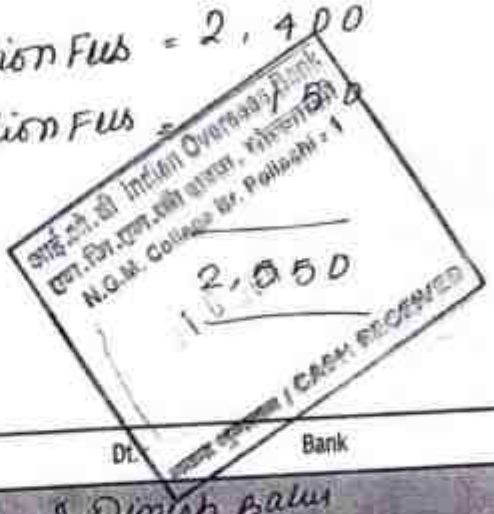
N.G.M. College Branch, Pollachi.

Date : 10/6/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee = 2,400

Application Fee = 500



By D.D. No. Dt. Bank

Name : S Dinesh Babu

Reg. / Roll No. : 16-CT-08

Course : BSC - Computer Technology

Semester : VI

Sign. of Remitter : S Dinesh Babu

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M.R. Sarath Kumar
REGISTER NUMBER : 16-CT-14
COURSE & BRANCH : BSc computer technology.
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7010559660

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01	C Programming	16UCT101	I
02	Object oriented programming with C++	16UCT204	II
03	Java programming	16UCT307	III
04	Web Designing (HTML)	16UCT308	III
05	Microprocessor and ALP	16UCT4AL	IV

I am remitting the prescribed fees.

Yours faithfully,

M.R.S

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1500
Receipt No. :
Date : 10.06.19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee : 1500

Application fees : 150

Total = 1650

By D.D. No. Dt. : Bank

Name : M.P. Sarath Kumar

Reg. / Roll No. : 16-C-14

Course : BE Computer Technology

Semester : VI

Sign. of Remitter : M.P. Sarath

Cashier *Officer / Asst. Manager*

83

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN

REGISTER NUMBER : 16-CT-07

COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 8098465897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	MATHEMATICAL STRUCTURE FOR COMPUTER SCIENCE	16UCT1A1	1st
2	OBJECT ORIENTED PROGRAMMING WITH C++	16UCT304	2
3	JAVA PROGRAMMING	16UCT307	3
4	WEB DESIGNING	16UCT308	3
5	COMPUTER SYSTEM ARCHITECTURE	16UCT3A3	3

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 3150

Receipt No. :

Date : 10/07/2019

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. KARMUKILAN
REGISTER NUMBER : 16-CT-07
COURSE & BRANCH : B.Sc. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 8098419897

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
6	MICROPROCESSOR AND ALP.	16UCT4AL.	4
7	COMPUTER GRAPHICS	16UCT518	5
8	SOFTWARE ENGINEERING	16UCT519	5.
9	EMBEDDED SYSTEMS.	16UCT624	6
10	J2EE TECHNOLOGIES.	16UCT623.	6.

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 350
Receipt No. :
Date : 10/07/2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

83

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 3000

Application 150

Indian Overseas Bank
N.G.M. College Br. Pollachi - 1

3150
CASH RECEIVED

By D.D. No. Dt. : Bank

Name : R.Karmukilan

Reg. / Roll No. : 16-CT-07

Course : B.Sc. COMPUTER TECHNOLOGY

Semester : V

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. PRAVIN
REGISTER NUMBER : 16-CT-13
COURSE & BRANCH : BSC. COMPUTER TECHNOLOGY
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 9566362531

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	RELATIONAL DATABASE MANAGEMENT SYSTEM	16UCT413	4
2	SOFTWARE ENGINEERING	16UCT519	5

I am remitting the prescribed fees.

Yours faithfully,

V. Pravin
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 750
Receipt No. :
Date : 10.06.2019

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revalution Fees = 600

Application = 150

Total = 750

By D.D. No. Dt.: Bank

Name : V. Pravin
Reg. / Roll No. : 16 CT 13
Course : B.Sc. COMPUTER TECHNOLOGY
Semester : VI

Sign. of Remitter : V. Pravin

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : A. Vignesh Prabhu

REGISTER NUMBER : 16-CT-32

COURSE & BRANCH : B.Sc "CT"

MONTH & YEAR OF EXAMINATIONS : May - 2019

MOBILE NUMBER : 8072523022

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Relational database management system	16UCT413	IV
2	Microprocessor And ALP	16UCT414	IV
3	Cyber security	16UCT625	VI

I am remitting the prescribed fees.

Yours faithfully,

A. Vignesh

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

87

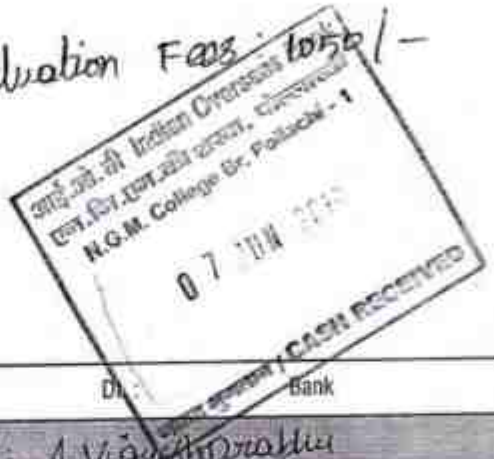
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 7/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees 1050/-



By D.D. No. Dt. Bank

Name : A. Vigneshprabhu

Reg. / Roll No. : 16-CT-22

Course : B.Sc "CT"

Semester : VI, IV

Sign. of Remitter :

Cashier *Officer / Asst. Manager*

82

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : L. GoPinath
REGISTER NUMBER : 16-CT-05
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 8675855588

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

L. GoPinath.

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

.. Overseas Bank STUDENT COPY

..M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

form - 150

450/-

By D.D. No. Dt. Bank

Name : L. Gopinath

Reg./Roll No. : 16-CT-05

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : L. Gopinath

Cashier *Officer / Asst. Manager*

84

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : V. Murugathithan
REGISTER NUMBER : 16-CT-09
COURSE & BRANCH : B.Sc (CT)
MONTH & YEAR OF EXAMINATIONS : ~~June~~ May 2019
MOBILE NUMBER : 9610754201

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	J2EE TECHNOLOGIES	16UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

V. Murugathithan

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 3.6.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 300

Total - 450/-

By D.D. No. Dt. Bank

Name : V. Murugathithan

Reg. / Roll No : 16-CTT-09

Course : B.Sc (CT)

Semester : VI

Sign. of Remitter : V. Murugathithan

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : R. Aswath Kumar
REGISTER NUMBER : 15-U-02
COURSE & BRANCH : B.Sc - Computer Technology
MONTH & YEAR OF EXAMINATIONS : Apr / May - 2019
MOBILE NUMBER : 7708534538, 9894837530

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	J2EE Technologies	15UCT623	VI

I am remitting the prescribed fees.

Yours faithfully,

R. Aswath Kumar

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank

N.G.M. College Branch, Pollachi.

~~STUDENT~~ COPY

Date : 06.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees: ~~150~~ 450

By D.D. No. Dt. : Bank

Name : R. Aswinth Kumar

Reg. / Roll No. : 15-CT-02

Course : B.Sc-Computer Technology

Semester : VI

Sign. of Remitter : R. Aswinth Kumar

Cashier

Officer / Asst. Manager

89

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : Manjula.V
REGISTER NUMBER : 18-MC-17
COURSE & BRANCH : M.Sc (Computer Science)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 6382750877

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computing Technologies	18PCS2E1	II

I am remitting the prescribed fees.

Yours faithfully,

V. Manjula

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 500/-
Receipt No. :
Date : 03.06.2019

CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03.06.19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees : 650/-

650/-

By D.D. No. Dt.: Bank

Name : Manjula.V

Reg. / Roll No. : 18-MC-17

Course : MSc Computer Science

Semester : II

Sign. of Remitter : V. Manjula

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : P. Kausika
REGISTER NUMBER : 15-MC-10
COURSE & BRANCH : M.Sc Computer Science
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 7708260616

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Advanced Networks	15PCS 207	II

I am remitting the prescribed fees.

Yours faithfully,

P. Kausika
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI OFFICE OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

90

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees Rs 650

Rs 650

By D.D. No. Dt. : Bank

Name : P. Kavisika
Reg. / Roll No. : 15-MC-10
Course : M.Sc Computer Science
Semester : II

Sign. of Remitter : P Kavisika

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Y. Selvaraj
REGISTER NUMBER : 17-PS-12
COURSE & BRANCH : MCA Computer Application
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9965351445

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer Networks	17PMC425	IV
2.	.Net Framework	17PMC319	III

I am remitting the prescribed fees.

Yours faithfully,

Y. Selvaraj

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

CONTROLLER OF EXAMINATIONS
N.G.M. COLLEGE (AUTONOMOUS) POLLACHI
OFFICE OF THE CONTROLLER OF EXAMINATIONS

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

92

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees, SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : Y Saravanaj

Reg. / Roll No. : 17-PS-12

Course : MCA Computer Application

Semester : III

Sign. of Remitter : Y Saravanaj

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOTALING / XEROX COPY

From

NAME OF THE STUDENT : B. Arun Kumar

REGISTER NUMBER : 17-PS-01

COURSE & BRANCH : MCA - C Computer Application

MONTH & YEAR OF EXAMINATIONS : May - 2019.

MOBILE NUMBER : 8098179190, 7339693520

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Computer networks	17PMC425	IV
2.	DATA Mining And warehousing	17PMC533	V

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 1150

Receipt No. :

Date : 4/6/19

THE CONTROLLER OF EXAMINATIONS • OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

9/

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation = 1000

Application = 150

Total = 1150

By D.D. No. Dt. Bank

Name : B. Arunkumar

Reg. / Roll No. : 17-PS-01

Course : MCA (Computer Application)

Semester : VI

Sign. of Remitter : [illegible]

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Karthi Keyan
REGISTER NUMBER : 18-SE-05
COURSE & BRANCH : B.A English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8523960866

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Poetry - II	18UEL204	2nd
2	Poetry - I	18UEL102	1nd

I am remitting the prescribed fees.

Yours faithfully,

G. Karthi Keyan
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

94

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form fee / 150

Revaluation fees 600

total 750

By D.D. No. Dt. : Bank

Name : G. Karthi Rengan

Reg. / Roll No. : 18-SE-05

Course : B.A English Literature (SF)

Semester : I - II

Sign. of Remitter : G. Karthi Rengan

Cashier Officer / Asst. Manager

95

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. vigneshwar
REGISTER NUMBER : 18-SE-16
COURSE & BRANCH : BA English Literature
MONTH & YEAR OF EXAMINATIONS : may-2019
MOBILE NUMBER : 9585943839

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	Communication Skills-II	18UEN202	2nd
2	Prose-I	18UEL203	2nd

I am remitting the prescribed fees.

Yours faithfully,
K. vigneshwar
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

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Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10/06/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Foam Fee 150
Revolution Fees 600
750

By D.D. No. Dt. : Bank

Name : K. Vigneshwar
Reg. / Roll No. : 18-SC-16
Course : BA English Literature
Semester : 2nd

Sign. of Remitter : K. Vigneshwar

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : M. Kalaiyarasi
REGISTER NUMBER : 17TM17
COURSE & BRANCH : B.A. Tamil
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 9786186930

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS - IV	17UENH04	IV

I am remitting the prescribed fees.

Yours faithfully,

M. Kalaiyarasi.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

96

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4-6-2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450

Total - 450

By D.D. No. Dt. : Bank

Name : M. Jalaiyaraji

Reg. / Roll No. : 17TM17

Course : B.A. Tamil

Semester : IV

Sign. of Remitter : M. Jalaiyaraji

Cashier *Officer / Asst. Manager*

97

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Vanithini
REGISTER NUMBER : 17 - TM - 37
COURSE & BRANCH : B. A Tamil. Lit
MONTH & YEAR OF EXAMINATIONS : May-2019
MOBILE NUMBER : 9688249734

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S. Vanithini
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 6/06/19

CONTROLLER OF EXAMINATIONS
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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

97

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 6/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount ₹ 450

Total : 450

By D.D. No. Dt. : Bank

Name G. Nandhini

Reg. / Roll No. 17-TM-39

Course BA. Tamil. Lit

Semester IV

Sign. of Remitter G. Nandhini

Cashier *Officer / Asst. Manager*

98

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S.Revathi

REGISTER NUMBER : 17-TM-42

COURSE & BRANCH : B.A TAMIL (LIT)

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9025852416

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

S.Revathi

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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NGM College (Autonomous)
POLLACHI - 642 001.

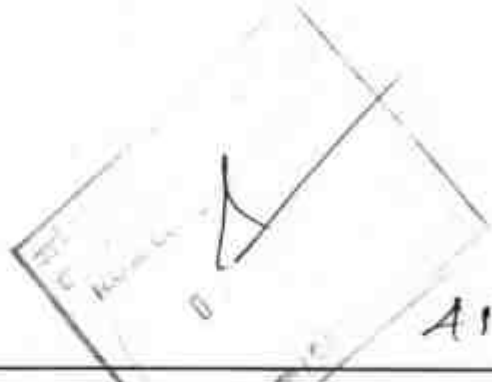
Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Fees Amount — 450/-



450/-

By D.D. No. Dt. : Bank

Name : S Revathi
Reg. / Roll No. : 19-TM-42
Course : B.A TAMIL (SIT)
Semester : IV

Sign. of Remitter : S Revathi

Cashier *Officer / Asst. Manager*

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : T. Tamil selvi

REGISTER NUMBER : 17-TM-48

COURSE & BRANCH : B.A - Tamil

MONTH & YEAR OF EXAMINATIONS : May 2019

MOBILE NUMBER : 9943349673

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1	COMMUNICATION SKILLS-IV	17UEN404	IV

I am remitting the prescribed fees.

Yours faithfully,

T. Tamil selvi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

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NGM College (Autonomous)
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99

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 4/6/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fees - 450/-

Total -450/-

By D.D. No. Dt. : Bank

Name : T. Tamil selvi

Reg. / Roll No. : 17TTN-48

Course : B.A Tamil (Lit)

Semester : IV

Sign. of Remitter : T. Tamil selvi

Cashier *Officer / Asst. Manager*

93

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Devipriya. M
REGISTER NUMBER : 16-SE-10
COURSE & BRANCH : BA English Literature (SF)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9940956756

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
01.	American literature	16UEL616	VI

I am remitting the prescribed fees.

Yours faithfully,

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE C. N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Amount 450

/

Total = 450

By D.D. No. Dt. : Bank

Name : Devipriya. M

Reg. / Roll No. : 16-SE-10

Course : B.A English Literature (SF)

Semester : VI

Sign. of Remitter : M Devipriya

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : Adithiyan.
REGISTER NUMBER : 16-BM-01
COURSE & BRANCH : BBA - Administration
MONTH & YEAR OF EXAMINATIONS : May - 2019
MOBILE NUMBER : 8072010857

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
	Communication Skills - I	16-UEN-101	I

I am remitting the prescribed fees.

Yours faithfully,
Adithiyan.
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

55

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 03/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Degree Course - 450/-

By D.D. No. Dt. : Bank

Name : Adithiyan. S

Reg. / Roll No. : 16 - BM - 01

Course : BBA

Semester : I sem

Sign. of Remitter : Adithiyan. S

Cashier Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : G. Kishor
REGISTER NUMBER : 16-CP-08
COURSE & BRANCH : B.Com (Professional Accounting)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9524840226

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	Communication Skills - II	16UFEN202	II

I am remitting the prescribed fees.

Yours faithfully,

G. Kishor

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • OFFICE OF • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS
Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date :

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation fees - 450

By D.D. No. Dt. : Bank

Name : G. Kishor

Reg. / Roll No. : 16-UP-08

Course : B Com (PA)

Semester : II

Sign. of Remitter : G. Kishor

Cashier *Officer / Asst. Manager*

100

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. Divyabharathi
REGISTER NUMBER : 16-BL-23
COURSE & BRANCH : B.Com. (Banking & Insurance)
MONTH & YEAR OF EXAMINATIONS : May 2019
MOBILE NUMBER : 9361705694

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1)	Communication skills - II	16UEN2T2	II

I am remitting the prescribed fees.

Yours faithfully,

S. Divyabharathi
Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount : 450
Receipt No. :
Date : 06/06/2019

THE CONTROLLER OF EXAMINATIONS (N.G.M. COLLEGE (AUTONOMOUS) POLLACHI) OFFICE OF

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKARUPPAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

100

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 06/04/2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 105

Revaluation Fees 450

450

By D.D. No. Dt. : Bank

Name : S. Divya bharathi

Reg. / Roll No. : 16-BL-03

Course : B.Com. (B&I)

Semester : II

Sign. of Remitter : S. Divyabharathi

Cashier *Officer / Asst. Manager*

101

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : K. Navaladi

REGISTER NUMBER : 1ABE-15

COURSE & BRANCH : B.Com (F.com

MONTH & YEAR OF EXAMINATIONS :

MOBILE NUMBER : 9080859309

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
(1)	Communication Skills-II	1AUENO2	II

I am remitting the prescribed fees.

Yours faithfully,

K. Bala

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

THE CONTROLLER OF EXAMINATIONS OFFICE OF N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

Dr. R. MUTHUKUMARAN
Controller of Examinations
(NGM College (Autonomous)
POLLACHI - 642 001.

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

101 STUDENT COPY

Date : 10/06/19

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation - 150

/

150

By D.D. No. Dt. : Bank

Name : K. navaladi

Reg. / Roll No. : 16BE15

Course : B.Com (E.Com)

Semester : II

Sign. of Remitter : K. Navaladi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION / RETOLLAING / XEROX COPY

From

NAME OF THE STUDENT : S. DHARANI

REGISTER NUMBER : 18-PL-06

COURSE & BRANCH : ADVANCED ENGLISH PHONETICS AND PHONOLOGY of M. A. ENGLISH LITERATURE

MONTH & YEAR OF EXAMINATIONS : MAY 2019

MOBILE NUMBER : 9688556061

To

THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE (AUTONOMOUS),
POLLACHI-642 001.

Sir,

I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

Sl.No.	Title of The Paper	Subject Code	Semester
1.	ADVANCED ENGLISH PHONETICS AND PHONOLOGY	18PEL105	I

I am remitting the prescribed fees.

Yours faithfully,

S. Dharani

Signature of the Student.

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :

THE CONTROLLER OF EXAMINATIONS • N.G.M. COLLEGE (AUTONOMOUS) POLLACHI

CONTROLLER OF EXAMINATIONS

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Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001

Indian Overseas Bank STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Form Fee - 150

/

Total - 150

By D.D. No. Dt. : Bank

Name : Dharani S

Reg. / Roll No. : 18-PL-06

Course : I M.A English Literature

Semester : I

Sign. of Remitter : S. Dharani

Cashier Officer / Asst. Manager

102

Indian Overseas Bank
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 10.06.2019

Paid in to the Credit of N.G.M. College, Examination Fees. SB A/c No. 106

Revaluation Fee - 500

Total - 500

By D.D. No. Dt. : Bank

Name : S. Dharani

Reg. / Roll No. : 18-P1-06

Course : Advanced English Phonetics and Phonology

Semester : I

Sign. of Remitter : S. Dharani

Cashier

Officer / Asst. Manager

NallamuthuGounderMahalingamCollege

(An Autonomous Institution, Affiliated to Bharathiar University)

90,PalghatRoad,Pollachi-642001,Coimbatore,TamilNadu,India.

95thRankinNIRF–2023-AmongCollegesinIndia.

Criteria:2.TEACHINGLEARNINGANDEVALUATION

KeyIndicator:2.5EvaluationProcessandReforms

Metric:2.5.2Percentageofstudent complaints/grievancesaboutevaluationagainsttotalnumber appearedintheexaminationsduringthelast five years

Report of the grievances from relevant body (2018-2019)

2018-2019

2.5.2 Revaluation Details (2018-2019)

Nallamuthu Gounder Mahalingam College
(An Autonomous Institution, Affiliated to Bharathiar University)
90,PalghatRoad,Pollachi -642001,Coimbatore, Tamil Nadu, India.
95th Rank in NIRF –2023 - Among Colleges in India.

Even Semester

- **Out of 5637 candidates,** number of Revaluation/ Retotaling and the Grievance **102** and Percentage was **1.8094.**
- Special Supplementary Examinations were conducted on 21-06-2019 and the Results were published on 25-02-2019 and the same was uploaded in the College Website on the same day.
- **5592** number (Regular with Arrear UG and PG) **100** number (Previous Batch Arrear UG and PG) Mark Statements were issued after the Odd Semester.
- **5558** number (Regular with Arrear UG and PG) and **79** number (Previous Batch Arrear UG and PG) of Mark Statements were issued after the Even Semester.
- **1631** number of Consolidated Mark Statements (UG and PG for Regular and Supplementary and Arrear) were issued.
- **1477** number (Regular UG and PG) and **110** number (Supplementary UG and PG) and **44** number (Arrear) of Provisional Certificates were received from Bharathiar University Coimbatore.
- Graduation Day Ceremony was conducted on 30-03-2019 for the 2015 Batch (UG) and 2016 Batch (PG) of students.
- Prof. V. Rajendran, Vice-Chancellor, Alagappa University, Karaikudi was the Chief Guest on this auspicious occasion the delivered the Degree Certificate and Medals to the Graduands.

College Seal:

Controller of Examinations

Dr. R.MUTHUKUMARAN
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.