



NallamuthuGounderMahalingam 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.



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 /re totaling	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 (June 2023)

2022-2023

2.5.2 Revaluation Details (2022-2023)



NGM COLLEGE (AUTONOMOUS)

Re-Accredited by NAAC & ISO 9001 : 2015 Certified
Affiliated to Bharathiar University, Coimbatore
Ranked 72nd among Colleges in India by MHRD-NIRF
POLLACHI



Office of the Controller of Examinations

Ref.: CE/SE/UG/PG/Sem -II , IV, VI – May - 2023

DATED:19.06.2023

Notification

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

All UG and PG Students (Aided and Self-Financing) who intend to apply for Revaluation / Retotalling / Photo copy of the Theory Paper(s) of the End-of-Semester Examinations held during June – 2023 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 / 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 filled in application form and payment of fee is **Friday 30th June 2023**.
Intending candidates can contact the **Examination Office**.

Fee Schedule

S.No	Programmes	Application Fee	Statement of Marks	Revaluation	Re-Totalling	Photo Copy
1.	UG	100	200	400	250	500
2.	PG	100	200	600	250	500

Copy to

The Principal, Deans, Notice Board & File


Controller of Examinations
Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.





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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

2022-2023

2.5.2 Revaluation Details (2022-2023)



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List of Students Applied for Revaluation/ Retotaling (May 2023)

S. No	Reg. No	Name of the Student	Code & Title of the Paper	CIA	1st Val	Re-Val	Difference	Final	Total	RESULT
					ESE	ESE		ESE	(CIA+ESE)	
1	22-CH-05	MOHAMMED SHAHEER.A	22UCY202 ORGANIC AND PHYSICAL CHEMISTRY	24	9	14	5	14	38	RE-APPEAR
2	22-CH-09	PRAVEEN KUMAR.T	22UCY202 ORGANIC AND PHYSICAL CHEMISTRY	31	8	13	5	13	44	RE-APPEAR
3	22-CH-12	SANJAY.S	22UCY202 ORGANIC AND PHYSICAL CHEMISTRY	26	4	12	8	12	38	RE-APPEAR
4	22-CH-16	TAMILARASAN.S	22UCY202 ORGANIC AND PHYSICAL CHEMISTRY	31	9	14	5	14	45	RE-APPEAR
5	22-EL-53	SWETHA.M	22UEL204 POETRY-II	35	11	6	-5	11	46	RE-APPEAR
6	22-CM-30	DIVYAPRIYA.D	22UCO2A2 BUSINESS APPLICATION SOFTWARE AND INTERNET	32	16	22	6	22	54	PASS
7	22-CM-53	SANTHIYA.S	22UCO2A2 BUSINESS APPLICATION SOFTWARE AND INTERNET	35	11	25	14	25	60	PASS
8	22-CO-002	ESWARAN.K	22HEC202 HUMAN EXCELLENCE FAMILY VALUES & SKY YOGA PRACTICE	17	7	11	4	11	28	PASS
9	22-CO-008	KARTHICK KAHIESH.B	22UTL202 TAMIL PAPER-II	20	14	6	-8	14	34	RE-APPEAR
10	22-CO-137	SAIKUMAR.N	22UTL202 TAMIL PAPER-II	25	14	13	-1	14	39	RE-APPEAR
11	22-CC-125	BALAMURUGAN.S	22UTL202 TAMIL PAPER-II	27	13	20	7	20	47	PASS
12	22-CC-127	ILAMBHARATHI.P	22UTL202 TAMIL PAPER-II	27	13	28	15	28	55	PASS

2.5.2 List of Students Applied for Revaluation/ Retotaling (May 2023)

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.





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13	22-CC-129	KATHIRVEL.K	22UTL202 TAMIL PAPER-II	25	12	20	8	20	45	PASS
14	22-CC-140	SURESHKUMAR.V	22UTL202 TAMIL PAPER-II	24	12	24	12	24	48	PASS
15	22-BM-40	AMUTHA.A	22UTL202 TAMIL PAPER-II	28	13	20	7	20	48	PASS
16	22-BM-48	MATHUSHREE.B	22UBM2A2 BUSINESS ECONOMICS	29	32	26	-6	32	61	PASS
			22UBM203 ORGANIZATIONAL BEHAVIOUR	29	28	19	-9	28	57	PASS
17	22-DA-05	SUKI RAGAV.P.M	22UTL202 TAMIL PAPER-II	33	12	20	8	20	53	PASS
18	22-CF-09	DHAKSHAN.M	22UCF203 FINANCIAL ACCOUNTING	26	15	11	-4	15	41	RE-APPEAR
19	22-IT-20	SIVALINGAM.M	22UIT204 OBJECT ORIENTED PROGRAMMING WITH JAVA	15	21	13	-8	21	36	RE-APPEAR
20	22-BW-25	PRASHITHA.M	22UEN202 COMMUNICATION SKILLS	22	10	8	-2	10	32	RE-APPEAR
21	22-BM-47	MADHUSHA.G	22UBM2A2 BUSINESS ECONOMICA	15	21	17	-4	21	36	RE-APPEAR
22	21-CH-50	SUMITHRA.N	21UCY2A2 ANCILLARY MATHEMATICS FOR CHEMISTRY-II	31	14	21	7	21	52	PASS
23	21CH-48	SUBSREE.M	21UCY405 INORGANIC AND ORGANIC AND PHYSICAL CHEMISTRY	28	11	14	3	14	42	RE-APPEAR
24	21CH-36	LALITHA SRLS	21UCY405 INORGANIC AND ORGANIC AND PHYSICAL CHEMISTRY	24	11	15	4	15	39	RE-APPEAR
			21UPS4N3 PRINCIPLES OF PHYSICS		12	23	11	23	23	PASS
25	21-CH-47	SRIVARSHIN.M	21UCY405 INORGANIC AND ORGANIC AND PHYSICAL CHEMISTRY	24	8	14	6	14	38	RE-APPEAR
26	21-EC-41	KOMALAVANLS.M	21UEO408 MATHEMATICAL METHODS	13	21	14	-7	21	34	RE-APPEAR
27	21-CS-06	KARTHIKRAJA.P	21UZY4N2 FOOD AND NUTRITION (NME)		16	15	-1	16	16	RE-APPEAR
28	21-CS-07	KAVIN.S	21UZY4N2 FOOD AND NUTRITION (NME)		15	23	8	23	23	PASS
29	21-CS-08	MARIMUTHUR	21UZY4N2 FOOD AND NUTRITION (NME)		13	20	7	20	20	PASS

2.5.2 List of Students Applied for Revaluation/ Retotaling (May 2023)

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

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30	21-CO-002	ANGURAJ.M	21UCO4A5 STATISTICAL METHODS	38	11	23	12	23	61	PASS
31	21-CO-005	DHARANI DINESH.D	21UCO4A5 STATISTICAL METHODS	36	13	27	14	27	63	PASS
32	21-CO-006	DIVYA PRAKASHA	21UCO4A5 STATISTICAL METHODS	33	13	21	8	21	54	PASS
33	21-CO-009	GUKANESWARAN.M	21UCO4A5 STATISTICAL METHODS	34	14	25	11	25	59	PASS
34	21-CO-016	NIDHARSHAN.S	21UCO4A5 STATISTICAL METHODS	32	11	21	10	21	53	PASS
			21UCO409 HIGHER CORPORATE ACCOUNTING	27	14	13	-1	14	41	RE-APPEAR
35	21-CO-018	PRAKASH.K	21UCO409 HIGHER CORPORATE ACCOUNTING	34	14	16	2	16	50	RE-APPEAR
36	21-CO-019	RAHAMATHI AFRAAP.A	21UCO4A5 STATISTICAL METHODS	27	5	13	8	13	40	RE-APPEAR
37	21-CO-059	KAVIARASU.K	21UCO4A5 STATISTICAL METHODS	23	6	12	6	12	35	RE-APPEAR
38	21-CO-64	NAVEENKUMAR.S	21UCO4A5 STATISTICAL METHODS	21	11	15	4	15	36	RE-APPEAR
39	21-CO-070	SURESH.S	21UCO4A5 STATISTICAL METHODS	27	6	9	3	9	36	RE-APPEAR
40	21-CO-74	DARSANLB	21UCO4A5 STATISTICAL METHODS	33	4	9	5	9	42	RE-APPEAR
41	21-CO-011	HAROONSREE.A.K	21UCO409 HIGHER CORPORATE ACCOUNTING	29	11	11	0	11	40	RE-APPEAR
42	21-CO-013	KAVINKUMAR.S	21UCO409 HIGHER CORPORATE ACCOUNTING	30	13	14	1	14	44	RE-APPEAR
43	21-CO-34	KARTHIKEYANLE	21UCO411 INDIRECT TAXATION	34	16	15	-1	16	50	RE-APPEAR
44	21-CE-009	JAYACHANDRAN	21UCS413 OPEN SOURCE TECHNOLOGY	25	15	11	-4	15	40	RE-APPEAR
45	21-CE-019	NISHANTH.L.PATEL	21UCS412 PYTHON PROGRAMMING	38	12	30	18	30	68	PASS
46	21-BC-018	MANDRAMOORTHY.S	21UBC4A4 MATHEMATICS-III: COMPUTER BASED OPTIMIZATION TECHNIQUES	20	14	22	8	22	42	PASS
47	21-BC-096	VISHNU.A	21UBC4A4 MATHEMATICS-III: COMPUTER BASED OPTIMIZATION TECHNIQUES	30	16	21	5	21	51	PASS

2.5.2 List of Students Applied for Revaluation/ Retotaling (May 2023)

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48	21-BC-097	YOGESILN	21UBC204 OBJECT ORIENTED PROGRAMMING WITH C++	29	16	11	-5	16	45	RE-APPEAR
49	21-BI-05	JAGADEESHLS	21UBI409 COST ACCOUNTING	38	14	13	-1	14	52	RE-APPEAR
50	21-BI-26	KALEESHWARLN	21UBI409 COST ACCOUNTING	46	14	16	2	16	62	RE-APPEAR
51	20-MA-04	KRISHNAJANAA	20UMS614 REAL ANALYSIS-II	14	5	14	9	14	28	RE-APPEAR
			20UMS615 COMPLEX ANALYSIS	12	18	30	12	30	42	PASS
52	20-EC-04	GOKUL PRASATHLN	20UEO615 INDUSTRIAL ECONOMICS	12	13	32	19	32	44	PASS
53	20-EC-05	JAYAPRAKASH.D	20UEO6E3 STATISTICAL METHODS-II	16	18	11	-7	18	34	RE-APPEAR
54	20-EL-02	ARUN.T	20UEL618 LITERARY CRITICISM	11	16	11	15	16	27	RE-APPEAR
			20UEL616 AMERICAN LITERATURE	10	13	17	4	17	27	RE-APPEAR
55	20-EL-05	KOTTAISAMY.M	20UEL407 DRAMA-II	9	16	15	-1	16	25	RE-APPEAR
			20UEL618 LITERARY CRITICISM	13	19	7	-12	19	32	RE-APPEAR
			20UEL616 AMERICAN LITERATURE	11	18	20	2	20	31	RE-APPEAR
56	20-EL-11	SUDARSHAN	20UEL407 DRAMA-II	8	9	2	-7	9	17	RE-APPEAR
			20UEL513 COMPUTING SKILLS FOR RESEARCH	11	2	2	0	2	13	RE-APPEAR
			20UEL618 LITERARY CRITICISM	9	7	3	-4	7	16	RE-APPEAR
			20UEL615 SHAKESPEARE	11	3	2	-1	3	14	RE-APPEAR
57	20-EL-26	GOWRI SHANKARLR	20UEL616 AMERICAN LITERATURE	10	18	28	10	28	40	PASS MODERATED
58	20-CS-04	JAYASUDHAS	20UCS6E4 CORE ELECTIVEII: DATA MINING AND WARE HOUSING	13	22	35	13	35	48	PASS
59	20-CS-35	MENAGA BRINDHA	20UCS6E4 CORE ELECTIVEII: DATA MINING AND WARE HOUSING	15	18	28	10	28	43	PASS
60	20-HT-01	AJITHKUMAR.P	20UHY618 FREEDOM STRUGGLE	11	17	38	21	38	49	PASS

2.5.2 List of Students Applied for Revaluation/ Retotaling (May 2023)

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

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NGM College (Autonomous)

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61	20-HT-06	GIRI PRASATH.P	20UHY618 FREEDOM STRUGGLE	7	22	40	18	40	47	PASS
62	20-HT-05	DHARANEEESH.K	20UEN101 COMMUNICATION SKILLS	7	22	15	-7	22	29	RE-APPEAR
63	20-C0-021	SURIYA.K	20UCO412 INDIRECT TAXATION	4	30	25	-5	30	34	RE-APPEAR
64	20-BC-070	MEIARASU.R	20UBC623 PYTHON PROGRAMMING	13	10	11	1	11	24	RE-APPEAR
65	20-BC-080	SABAREESH.S	20UBC625 MOBILE APPLICATION DEVELOPMENT	14	20	19	-1	20	34	RE-APPEAR
66	20-BI-06	MOHAMMED SHALMAN.A	20UBI619 MANAGEMENT ACCOUNTING	19	20	25	5	25	47	PASS MODERATED
67	20-BI-16	SYED IBRAHIM.J	20UBI412 COMPANY LAW	2	28	14	-14	28	30	RE-APPEAR
			20UBI410 PRINCIPLES OF GENERAL INSURANCE	1	28	21	-7	28	29	RE-APPEAR
			20UBI623 FINANCIAL & INVESTMENT MANAGEMENT	20	15	13	-2	15	35	RE-APPEAR
68	21-PP-01	AJITHKUMAR.A	21PPS206 CONDENSED MATTER PHYSICS	16	19	27	8	27	43	RE-APPEAR
69	21-PP-06	SASIKUMAR.K	21PPS206 CONDENSED MATTER PHYSICS	17	25	33	8	33	50	PASS
70	21-PP-08	TAMIL VANNAM.P	21PPS206 CONDENSED MATTER PHYSICS	18	26	31	5	31	49	PASS MODERATED
71	21-PP-21	KAVIYA.M	21PPS206 CONDENSED MATTER PHYSICS	20	28	32	4	32	52	PASS
72	21-PP-22	KOUSALYA.K	21PPS206 CONDENSED MATTER PHYSICS	18	26	24	-2	26	44	RE-APPEAR
			21PPS204 QUANTUM MECHANICS	17	29	21	-8	29	46	RE-APPEAR
73	22-PL-09	DEVI MEENAKSHI.C	22PEL2E1 RESEARCH METHODOLOGY	30	17	35	-18	35	65	PASS
74	19-CH-10	MOHAMMED FAZIL.M.J	PHYSICAL AND CHEMICAL STRUCTURE	5	28	2	-26	28	33	RE-APPEAR


Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
 Controller of Examinations
 NCM College (Autonomous)
 Pollachi - 642001.





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

Application form for revaluation/retotaling

2022-2023

2.5.2 Revaluation Details (2022-2023)

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: A. Mohammed Sheheen

REGISTER NUMBER

: 22-CH-05

COURSE & BRANCH

: B.Sc Chemistry

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9496045226

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	organic And physical chemistry	22 UC Y 202	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 28/6/23

R. Manicka Chezian
HEAD OF THE DEPARTMENT

A. M. S. H.
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



R. Manicka Chezian
CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc, M.S, Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 27.06.23

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

Revolution



By D.D. No.

Dt :

Bank

Name : A.Mohammed Shaheer
Reg. / Roll No. : 22-CH-05
Course : B.Sc Chemistry
Semester : II
Sign. of Remitter : A.M Sh

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: T. Phaveen kumar

REGISTER NUMBER

: 22-CH-09

COURSE & BRANCH

: BSc. Chemistry

MONTH & YEAR OF EXAMINATIONS

: May - 20 23

MOBILE NUMBER

: 9659534302

To

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

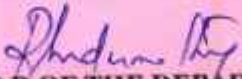
Sir,

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

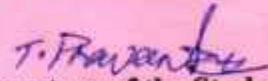
S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	organic and physical chemistry	22UCY202	II

I am remitting the prescribed fees.

Date: 23.06.2023


HEAD OF THE DEPARTMENT

Yours faithfully,


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 Fee Amount - 700/-

Total - 700/-

इण्डियन ओवरसीज बैंक Indian Overseas Bank
एन.जी.एम. कॉलेज शाखा, पोल्लाची / N.G.M. College Br. Pollachi



23 JUN 2023

By D.D. No.

DL :

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

T. Praveen Kumar

22-GH-09

B.Sc. Chemistry

II

नकद प्राप्त CASH RECEIVED

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : SANJAY.S
REGISTER NUMBER : 22-CH-12
COURSE & BRANCH : B.SC CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY 2023
MOBILE NUMBER : 8675686381

To

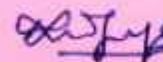
THE CONTROLLER OF EXAMINATIONS,
NGM COLLEGE(AUTONOMOUS),
POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01.	Organic and physical chemistry	22UCY202	II

I am remitting the prescribed fees.


Yours faithfully,

Date: 30.06.2023


HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 Amount = 700



By D.D. No.

Dt. :

Bank

Name : SANJAY.C
Reg. / Roll No. : 22-CH-12
Course : B.SC CHEMISTRY
Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: S. Tamilarasan

REGISTER NUMBER

: 22-CH-16

COURSE & BRANCH

: BSC. Chemistry

MONTH & YEAR OF EXAMINATIONS

: May-2023

MOBILE NUMBER

: 8754261789

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Organic and Physical Chemistry	22UCY202	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 23.06.2023

S. Tamilarasan
HEAD OF THE DEPARTMENT

S. Tamilarasan
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



h32
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

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Revaluation Fee Amount - 700/-
/

Total - 700/-

इण्डियन ओवरसीज बैंक Indian Overseas Bank
नगरीय कॉलेज शाखा, पल्लोली / N.G.M. College Br. Pollachi

By D.D. No.



23 JUN 2023

Name

S. Tamilasani

Reg. / Roll No.

22-CH-16

Course

BSC. Chemistry

Semester

II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

जुद्ध प्राप्त CASH RECEIVED

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: M. SWETHA

REGISTER NUMBER

: 22-EL-53

COURSE & BRANCH

: B.A English literature

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9952274502

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	POETRY-II	22VEL204V	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 28.06.2023

HEAD OF THE DEPARTMENT

M. Swetha
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



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Revaluation fees : 400

Application fees : 300



By D.D. No.

Name : M. Swetha

Reg. / Roll No. : 22-EL-53

Course : B.A English literature

Semester : II

Sign. of Remitter : M. Swetha

Cashier

Officer / Asst. Manager

3029

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: Divyapriya . D

REGISTER NUMBER

: 22 - Cm - 30

COURSE & BRANCH

: B. Com - Commerce

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 8154668083

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Business Application Software and Internet	22UL02A2	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 21/6/23

HEAD OF THE DEPARTMENT

D. Divyapriya
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc. M.S. Ph.D.,
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 - 300



By D.D. No.

Dt. :

Bank

Name : D. Divyapriya

Reg. / Roll No. : 22-2M-30

Course : B.com

Semester : II

Sign. of Remitter : D. Divyapriya

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21/6/23

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

Revaluation - 400



By D.D. No.

Dt. :

नकद प्राप्त Bank

Name : D. Divyapriya
Reg. / Roll No. : 22 - cm - 30
Course : B. Com
Semester : II

Sign. of Remitter : D. Priya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : S.SANTHIYA
REGISTER NUMBER : 22-CM-53
COURSE & BRANCH : B. Com (Commerce)
MONTH & YEAR OF EXAMINATIONS : May - 2023
MOBILE NUMBER : 7339173632

To

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

3052

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Business Application Software and Internet	22UL02A2	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 27/06/23 HEAD OF THE DEPARTMENT

S. Santhi
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 27-6-23

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

Revaluation - 700



By D.D. No.

Name : S. Santhiya
Reg. / Roll No. : 22 - cm - 53
Course : B. com
Semester : II

Sign. of Remitter : S. Santhi

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: K.ESWARAN

REGISTER NUMBER

: 22-CO-02

COURSE & BRANCH

: B.Com Commerce

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9374022737

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
+	22HEC202		II
1	Human Excellence	22HEC202	II
	Family values & sky yoga-II		

I am remitting the prescribed fees.

Yours faithfully,

Date: 26/6/23

N. Bayyalam
HEAD OF THE DEPARTMENT

K.ESWARAN
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: **27-6-23**

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

Revaluation - 700



By D.D. No.

On

27 JUN 2023

Name

ESWARAN K

Reg. / Roll No.

22-08-02

Course

B. Com (S.F)

Semester

III

Sign. of Remitter :

कैश रसीद CASH RECEIVED

Cashier

Officer / Asst. Manager

3078

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: Karthick Kakinethu.B

REGISTER NUMBER

: 22-co-08

COURSE & BRANCH

: B.Com - Commerce

MONTH & YEAR OF EXAMINATIONS

: May, 2023

MOBILE NUMBER

: 9344164480.

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Jamil paper - II	22UTL202	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 26.6.2023

N. Bagyalan (27/06/23)
HEAD OF THE DEPARTMENTB. Karthick
Signature of the Student**FOR OFFICE USE ONLY**

Fee Amount :

Receipt No. :

Date :

**CONTROLLER OF EXAMINATIONS**

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 27.06.2023

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

Renualuation - 200



By D.D. No.

27 JUN 2023

Bank

Name

Karthick Maheshwari B

Reg. / Roll No.

22-00-08

Course

B.Com(Cst)

Semester

II nd

Sign. of Remitter :

R. Karthick

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 27.06.2023

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

Revaluation - 500



By D.D. No.

DL :

Bank

Name : Karthick Kalvinesh. B
Reg. / Roll No. : 22 - CO - 08
Course : B.com (S.F)
Semester : IInd

Sign. of Remitter : B. [Signature]

Cashier

Officer / Asst. Manager

10.

(19)

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: N. Sai Kumar

REGISTER NUMBER

: 22 - CC - 137

COURSE & BRANCH

: B. com Computer Applications

MONTH & YEAR OF EXAMINATIONS

: 2023 May

MOBILE NUMBER

: 6383676457

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Tamil paper - II	32 VTL 202	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 28.6.2023 HEAD OF THE DEPARTMENT

Signature of the Student

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Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



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Date : 28.6.23

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Revaluation Rs: 700



By D.D. No.

Dt :

Bank

Name : N. Sai Kumar
Reg. / Roll No. : 22-CC-137
Course : B. com C.A
Semester : II

Sign. of Remitter : Sai Kumar

Cashier

Officer / Asst. Manager

(18)

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: S. Bal Murugan

REGISTER NUMBER

: 22-CC-125

COURSE & BRANCH

: B.com computer Application

MONTH & YEAR OF EXAMINATIONS

: May

MOBILE NUMBER

: 6380934309

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	TAMIL PAPER - II	22 UTL 202	II

I am remitting the prescribed fees.

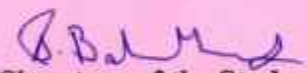
Date: 21/6/2023

HEAD OF THE DEPARTMENT

 21/6/23

Yours faithfully,

Signature of the Student


FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :

**CONTROLLER OF EXAMINATIONS**

 Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
 Controller of Examinations
 NGM College (Autonomous),
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Date : 21-6-23

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Revaluation - 700



By D.D. No.

Dt. :

Name : S. Bala Murugan
Reg. / Roll No. : 22-CC-125
Course : B. com Computer Application
Semester : 1

Sign. of Remitter

[Signature]

Cashier

Officer / Asst. Manager

12

20

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : ILA M BHARATHI . P
REGISTER NUMBER : 22 - CC - 127
COURSE & BRANCH : B.COM (CA)
MONTH & YEAR OF EXAMINATIONS : May 2003
MOBILE NUMBER : 638061521

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	TAXATION PAPER - II	22 UTL 2003	II nd

I am remitting the prescribed fees.

Date: 28-06-2003 HEAD OF THE DEPARTMENT

Yours faithfully,

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc. M.S. Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

28/06/23

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

Revaluation ₹ 700



By D.D. No.

28 JUN 2023

Name

P. Ilean Bhadrath

Reg. / Roll No.

22-CC-127

Course

B.Com -CA

Semester

II

Sign. of Remitter :

P. Ilean

Cashier

Officer / Asst. Manager

13

17

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: K. KATHIRVEL

REGISTER NUMBER

: 22 - CC - 129

COURSE & BRANCH

: B.com computer Application

MONTH & YEAR OF EXAMINATIONS

: MAY-2023

MOBILE NUMBER

: 6383835353

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	TAMIL PAPER - II	22 UTL 209	II

I am remitting the prescribed fees.

Date: 21/6/2023

HEAD OF THE DEPARTMENT

Yours faithfully,

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
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POLLACHI - 642 001.



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Date : 21-6-23

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Revaluation -200

By D.D. No.

DL :

Bank

Name : K. Kadirvel

Reg. / Roll No. : 22-CC-129

Course : Bocom computer Application

Semester : II

Sign. of Remitter : K. Kadirvel

Cashier

Officer / Asst. Manager



Indian Overseas Bank

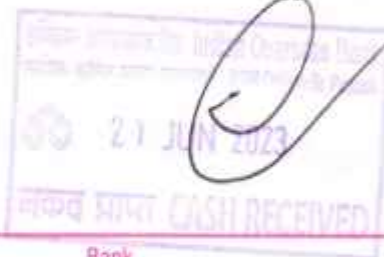
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21-6-23

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

Revaluation - 500



By D.D. No.

Dt. :

Bank

Name : Kokadivel
Reg. / Roll No. : 22-CC-129
Course : B.com computer Application
Semester : II

Sign. of Remitter : K. Kokadivel

Cashier

Officer / Asst. Manager

14

(16) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: V.SURESH KUMAR

REGISTER NUMBER

: 22-CC-140

COURSE & BRANCH

: B.com computer Application

MONTH & YEAR OF EXAMINATIONS

: may 2023

MOBILE NUMBER

: 6369984503

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	TAMIL PAPER - II	22 VTL 209	II

I am remitting the prescribed fees.

Date: 21/6/2023


21/6/23
HEAD OF THE DEPARTMENT

Yours faithfully,

V.Sureshkumar
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc.M.S.,Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21.6.23

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

revaluation - 500



By D.D. No.

Dt. :

Bank

Name : V. Suresh Kumar
Rep. / Roll No. : 22-CL-140
Course : B.com computer Application
Semester : II

Sign. of Remitter : V. Suresh Kumar

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21.6.23

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

Revaluation - 200



By D.D. No.

DL :

Name

: V. Suresh Kumar

Reg. / Roll No.

: 22-CC-140

Course

: B.com computer Application

Semester

: II

Sign. of Remitter :

V. Suresh Kumar

Cashier

Officer / Asst. Manager

15

8

✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : A. AMRUTHA
REGISTER NUMBER : 22-BM-40
COURSE & BRANCH : BBA (Business Administration)
MONTH & YEAR OF EXAMINATIONS : May - 2023
MOBILE NUMBER : 6385391333

To

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

3340

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	TAMIL PAPER - II	22UTL202	II

I am remitting the prescribed fees.

03
Date: 30/07/23

D.R.
30.6.23.
HEAD OF THE DEPARTMENT

Yours faithfully,
[Signature]
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



[Signature]
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc. M.S. PH.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

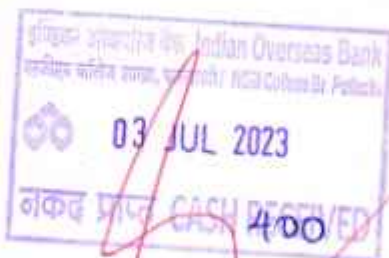
Date : 03/7/23

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

Revaluation

400

Total :



By D.D. No.

DL :

Bank

Name : Amrutha A

Reg. / Roll No. : 22BM40

Course : BBA

Semester : II

Sign. of Remitter : *[Signature]*

Cashier

Officer / Asst. Manager

16

(10) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: MATHUSHREE.B

REGISTER NUMBER

: 22-BM-48

COURSE & BRANCH

: BBA (BUSINESS ADMINISTRATION)

MONTH & YEAR OF EXAMINATIONS

: MAY 2023

MOBILE NUMBER

: 8807655166

To

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

3348

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	BUSINESS ECONOMICS	22UBM2A2	II
2	ORGANIZATIONAL BEHAVIOUR	22UBM203	II

I am remitting the prescribed fees.

Yours faithfully,

03.7
Date: 30/6/2023

D.P.B. 30.6.23
HEAD OF THE DEPARTMENT

B. mathu
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 8/7/23

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

Revaluation

800

Total



By D.D. No.

DL :

Blank

Name : Mathuchisel.B
Reg. / Roll No. : 22-BM-48
Course : BBA
Semester : II

Sign. of Remitter :

Math

Cashier

Officer / Asst. Manager

17

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: P. M. SURE RAGIAN

REGISTER NUMBER

: 22-DA-05

COURSE & BRANCH

: Bsc CS with Data Analytics

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9384420275

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Tamil paper-II	22UTL202	II

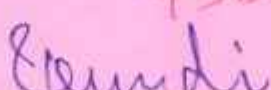
I am remitting the prescribed fees.

9842138619

9384420275

Yours faithfully,

Date: 22.6.23


HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS


Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : **23.6.23**

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

Statement of Merit - 2001-



By D.D. No.

DL :

Name : **P. U. SUKTI ZAGAV**
Reg. / Roll No. : **22-PA-05**
Course : **B.Sc CS with Data Analytics**
Semester : **II**

Sign. of Remitter : **P. U. Sukti**

Cashier

Officer / Asst. Manager



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 - 500/-

By D.D. No.

Dt :

Bank

Name : P. U. SURESH RAGHAV

Reg. / Roll No. : 22-DA-05

Course : Bsc CS with Data Analytics

Semester : II

Sign. of Remitter : P. U. *[Signature]*

Cashier

Officer / Asst. Manager

(7) ✓

17

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : M.DHAKSHAN
REGISTER NUMBER : 22-CF-09
COURSE & BRANCH : B.COM [FINANCE]
MONTH & YEAR OF EXAMINATIONS : MAY [2023]
MOBILE NUMBER : 7904268838

To

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

3859

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	FINANCIAL ACCOUNTING - II	22UCF203	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 30.6.2023

For 
HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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

Paper Revaluation - Rs 1-400



By D.D. No.

DL :

Name : M. DHAKSHAN
Reg. / Roll No. : 22-CF-09
Course : B.COM [FINANCE]
Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager



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

Paper Revaluation - Rs. 300

Rs. 300/-



By D.D. No.

Dt. :

Name : M. DHAKSHAN

Reg. / Roll No. : 22-CF-09

Course : B.com [FINANCE]

Semester : II

Sign. of Remitter :

Cashier

Officer / Asst. Manager

19

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: M. Sivalingam.

REGISTER NUMBER

: 22IT20.

COURSE & BRANCH

: B.Sc & It.

MONTH & YEAR OF EXAMINATIONS

: May & 2023

MOBILE NUMBER

: 9788912295

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Object oriented Programming with Java	22UIT204	02

I am remitting the prescribed fees.

Yours faithfully,

Date: 21.06.23. HEAD OF THE DEPARTMENT

Signature of the Student

M. Sivalingam.

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc.M.S.Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21.06.23

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

Revolution: 700

By D.D. No.

Dt :

Bank

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

M. Sivalingam

22IT20

B.Sc & IT

02

M. Sivalingam



Cashier

Officer / Asst. Manager

20

(6)

✓

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

M. Prashitha

REGISTER NUMBER

22-BW-25

COURSE & BRANCH

BSW

MONTH & YEAR OF EXAMINATIONS

May 2023

MOBILE NUMBER

To

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

4234

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Communication Skills -II	22 VEN 202	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 28/6/2023

HEAD OF THE DEPARTMENT

L. Ravi

Signature of the Student

M. Prashitha

FOR OFFICE USE ONLY

Fee Amount

: 500

Receipt No.

:

Date

: 28/6/2023



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.

20


Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 28/6/2023

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

communication skills - II

Revaluation

fees : 500



By D.D. No.

Dt :

Back

Name

M. Prashitha

Reg. / Roll No.

22-BW-25

Course

BSW

Semester

II

Sign. of Remitter

M. Prashitha

Cashier

Officer / Asst. Manager

(9) ✓

21

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : G. MADHUSHA
REGISTER NUMBER : 22-BM-47
COURSE & BRANCH : BBA [BUSINESS ADMINISTRATION]
MONTH & YEAR OF EXAMINATIONS : MAY 2023
MOBILE NUMBER : 9360714892

To

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

3347

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Business Economics	22VBM 2A2	II

I am remitting the prescribed fees.

Date: 30.06.23

HEAD OF THE DEPARTMENT

D. R. B.
30.6.23

Yours faithfully,

G. Madhusa

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



40

CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
(NGM College (Autonomous))
POLLACHI - 642 001.

**Indian Overseas Bank**

N.G.M. College Branch, Pollachi.

STUDENT COPY

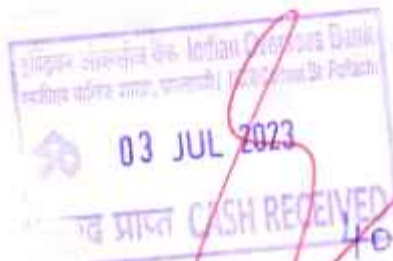
Date: 31/7/23

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

Revaluation

400

Total



By D.D. No.

Dt. :

Bank

Name : Madhuscha.G
Reg. / Roll No. : 22 BM - A1
Course : BBA
Semester : II

Sign. of Remitter : G. Madhuscha

Cashier

Officer / Asst. Manager

22

(2) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: SUMITHRA. N

REGISTER NUMBER

: 21-CH-50

COURSE & BRANCH

: Bsc. Chemistry

MONTH & YEAR OF EXAMINATIONS

: MAY, 2023

MOBILE NUMBER

: 9361299812

To

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

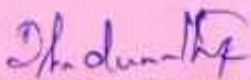
Sir,

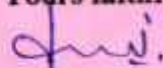
I wish to have the following Answer script(s) RETOTALED/REVALUED/XEROX copies.

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	ANCILLARY MATHEMATICS FOR CHEMISTRY-II	21VLY2A2	II

I am remitting the prescribed fees.

Yours faithfully,


HEAD OF THE DEPARTMENT


Signature of the Student

Date:

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 amount : ₹ 500

Accessary mathematics for Chemistry



By D.D. No.

DL :

Name : Sumithora . N
Reg. / Roll No. : 21-CH-50
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager



Indian Overseas Bank

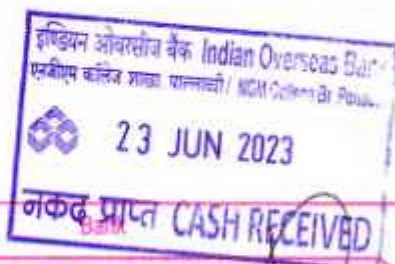
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

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

Revaluation amount : ₹ 200.



By D.D. No.

DL :

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

Sumi Thapa

21-CH-50

B.Sc Chemistry

IV

Cashier

Officer / Asst. Manager

23

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : M.SUBASREE.
REGISTER NUMBER : 21-CH-48.
COURSE & BRANCH : B.Sc CHEMISTRY.
MONTH & YEAR OF EXAMINATIONS : MAY-2023.
MOBILE NUMBER : 7598408497.

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	INORGANIC, ORGANIC AND PHYSICAL CHEMISTRY	21UCY 405	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 28-06-2023 *Dharmathy*
HEAD OF THE DEPARTMENT

Nadha
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



Raj
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

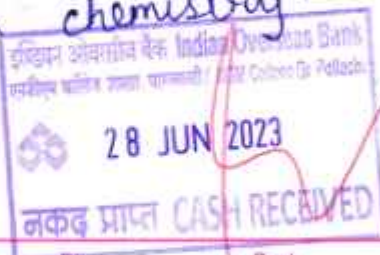
STUDENT COPY

Date: 28-06-23

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

Revaluation fees: ₹ 700

1) Inorganic, organic and
Physical chemistry.



By D.D. No.

Dr.

Bank

Name : M. Subasree
Reg. / Roll No. : 21-CH-48
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter:

Cashier

Officer / Asst. Manager

24

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : S. LALITHA SRI
REGISTER NUMBER : 01-CH-36
COURSE & BRANCH : B. SC. CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : May - 2023.
MOBILE NUMBER : 8056996263

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01.	INORGANIC, ORGANIC AND PHYSICAL CHEMISTRY	01UCY 405	IV
02.	PRINCIPLES OF PHYSICS - I (NON-MAJOR ELECTIVE-II)	01UPS4N3	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 28.06.2023 *R. Manicka Chezian*
HEAD OF THE DEPARTMENT

S. Lalitha Sri.
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date : 28.06.2023.



h. 2
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07.06.23

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

Revaluation Amount : 1400
Inorganic, Organic and
Physical chemistry

Principles of Physics-1
(Non - Major Elective)

Indian Overseas Bank
N.G.M. College St. Pollachi

27 JUN 2023

By D.D. No.

Dr.

Bank

Name

S. Lalitha

Reg. / Roll No.

01-CH-30

Course

B.Sc. Chemistry

Semester

IV

Sign. of Remitter

S. Lalitha

Cashier

Officer / Asst. Manager

25

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : M. SRI VARSHINI
REGISTER NUMBER : 21-CH-47
COURSE & BRANCH : B.Sc CHEMISTRY
MONTH & YEAR OF EXAMINATIONS : MAY-2023
MOBILE NUMBER : 6381839176

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	INORGANIC, ORGANIC AND PHYSICAL CHEMISTRY	21UCY405	1 st

I am remitting the prescribed fees.

Yours faithfully,

Date: 30-06-2023 *Dharmathy*
HEAD OF THE DEPARTMENT

M. S. Varshini
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

M.
h
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 : ₹ 700

Inorganic, organic and Physical
Chemistry.



By D.D. No.

Dt. 30-06-23 Bank

Name : M. Sivareshini
Reg. / Roll No. : 21 - CH - 48
Course : B.Sc Chemistry
Semester : IV

Sign. of Remitter : M. Sivareshini

Cashier

Officer / Asst. Manager

(5) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: S.H. Komalavani

REGISTER NUMBER

: 21-EC-41

COURSE & BRANCH

: BA. Economics

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 9360263845

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Mathematical Methods	21UE0408	1 st

I am remitting the prescribed fees.

Yours faithfully,

S.H. Komalavani

Date: 21.06.2023 HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



hug
CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 : 700
Fees

By D.D. No.

Dt. :

Bank

Name : S.M Komalavani

Reg. / Roll No. : 21-EC-A1

Course : B.A Economics

Semester : IV

Sign. of Remitter : Komalavani. SM

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: KARTHIK RAJA . P

REGISTER NUMBER

: 21-CS-06

COURSE & BRANCH

: B.Sc. COMPUTER SCIENCE

MONTH & YEAR OF EXAMINATIONS

: MAY 2023

MOBILE NUMBER

: 9648251673

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Food and Nutrition (NME)	2102Y4N2	IV

I am remitting the prescribed fees.

Yours faithfully,

Date:

HEAD OF THE DEPARTMENT

P. Karthik Raja
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 28/06/2023

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

Revaluation ₹ 700



By D.D. No.

Name : Karthik Raja P.
Reg. / Roll No. : 21-CS-06
Course : B.Sc.CS
Semester : IV

Sign. of Remitter : P. Karthik Raja

Cashier

Officer / Asst. Manager

28

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : KAVIN.S
REGISTER NUMBER : 21-LS-07
COURSE & BRANCH : B.Sc computer science (Aided)
MONTH & YEAR OF EXAMINATIONS : May 2023
MOBILE NUMBER : 9360763543

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Food and Nutrition (NME)	21UZY4N2	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 28.06.2023 HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 28/06/23

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

Revaluation ₹ 700

By D.D. No.

28 JUN 2023

Bank

Name

Kavin. S

Reg. / Roll No.

21-CE-07

Course

B.Sc CS (Aided)

Semester

IV

Sign. of Remitter :

[Signature]

Cashier

Officer / Asst. Manager

29

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: MARIMUTHU. R

REGISTER NUMBER

: 21-LS-08

COURSE & BRANCH

: B.Sc. Computer Science

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 6381351483

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Food and Nutrition (NHE)	210ZY4N2	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 28/06/2023 HEAD OF THE DEPARTMENT

R. Manickachezian
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 28/06/2022

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

Revaluation ₹ 700



By D.D. No.

Dr.

Name : Marimuthu . R
Reg. / Roll No. : 21-C8-08
Course : B.Sc - CS (Aided)
Semester : IV

Sign. of Remitter : P. Marimuthu

Cashier

Officer / Asst. Manager

: N7, Angway

: 21 - 60-02

: B.com - commerce

: May 2022

: 8870633380

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

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

I am remitting the prescribed fees.

Aug 1, 1911

N. Bogyalung
27/06/23
HEAD OF THE DEPARTMENT

Signature of the Student

Fee Amount :
Receipt No. :
Date :



Dr. R. MANICKA CHEZIAN, M.Sc. M.S. Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 27/6/23

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

Revaluation - 700 %.

By D.D. No.

Name

M. Anurag

Reg. / Roll No.

81-08-02

Course

B.com [Commerce]

Semester

IV

Sign. of Remitter :

M. Anil



Cashier

Officer / Asst. Manager

4804

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: Dhaxani Dinesh D.

: 21- CO-005

: B.Com [Commerce]

: May 2023

: 7395848672

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	STATISTICAL METHODS	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 27/06/2023

N. Bagyalakshmi
HEAD OF THE DEPARTMENT

DL Dine D.
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001,



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 27/06/23

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

Revaluation 700/-



By D.D. No.

Dt. :

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

Dharani Dimuthi .D

21-CO-05

B.com [commerce]

IV

Dharani .D

Cashier

Officer / Asst. Manager

32

4805

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: A. Divya Prakash

REGISTER NUMBER

: 21-co-06

COURSE & BRANCH

: B. Com (commerce)

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 9003691757

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Statistical Methods	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 27/6/23

N. B. Jayaram
HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



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By D.D. No.

Name : A. Divya Prakash
Reg. / Roll No. : 21-CO-0006
Course : B.Com (Commerce)
Semester : 10

Sign. of Remitter : Divya. A

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: M. Gulkarishwaran

: 21-00-09

: B.com (commerce)

: May - 2023

: 9345388836

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Statistical methods	21UC04A5	<u>IV</u>

I am remitting the prescribed fees.

Yours faithfully,

Date: 26/06/2023

HEAD OF THE DEPARTMENT

M. Gulkarishwaran
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

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Date: 26/06/2023

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

Revaluation - 500/-

By D.D. No.

Dt. :

Name

M. Gubaneswaran

Reg. / Roll No.

21-CO-09

Course

B.Com (Commerce)

Semester

IV

Sign. of Remitter :

M. Gubaneswaran



Bank

26 JUN 2023

नकद प्राप्त RECEIVED

Cashier

Officer / Asst. Manager



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Revaluation - 200/-



By D.D. No.

Dr

Bank

Name

M. Chukravarthy

Reg. / Roll No.

21-CO-09

Course

B.com (commerce)

Semester

IV

Sign. of Remitter :

M. Chukravarthy

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4884 : S. Nidhaashan

: 21-00-16.

: B.com commerce

: May 2023.

: 9778359181

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01	Higher corporate accounting	21VCC4A2	IV
02	Statistical method	21VCC4A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 27/06/23

N. Deyaditya
HEAD OF THE DEPARTMENT

S. Nidhaashan
Signature of the Student

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Fee Amount :

Receipt No. :

Date :



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By D.D. No.

Dr :

Bank

Name

Snidhasan

Reg. / Roll No.

21-CC-16

Course

B.com [Commerce]

Semester

1st

Sign. of Remitter :

Snidhasan

Cashier

Officer / Asst. Manager

35

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4886 : K. Prakash

: 21-CO-18

: B. com (commerce)

: May-2023

: 6383070525

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Higher Corporate Accounting	21UC0409	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 26/06/2023

N. Bagyalaxmi
HEAD OF THE DEPARTMENT

K. Prakash
Signature of the Student

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Fee Amount :

Receipt No. :

Date :



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Date : 26/6/23

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Revaluation - 500/-



By D.D. No.

DL :

Name : K. Prakash
Reg. / Roll No. : 21-60-18
Course : B.com (commerce)
Semester : IV

Sign. of Remitter : K. Prakash

Cashier

Officer / Asst. Manager

Indian Overseas Bank



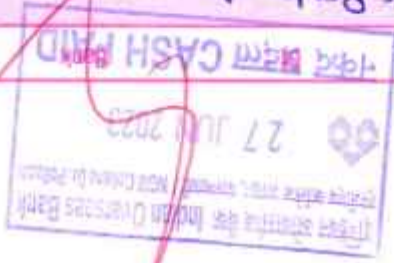
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STUDENT COPY

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

Date : 27/6/23

Rs. 200/-



By D.D. No.

Name : K. Prakash

Reg. / Roll No.

21-10-18

Course

B. Com (Commerce)

Semester

IV

Sign. of Remitter :

K. Prakash

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4817
: A. Rahamath Afreen

: 21-CO-19

: BCOM - COMMERCE

: May - 2023

: 9025979103

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Statistical Methods	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 27/06/2023 N. Geyya 97706623
HEAD OF THE DEPARTMENT

A. Rahamath Afreen
Signature of the Student

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Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

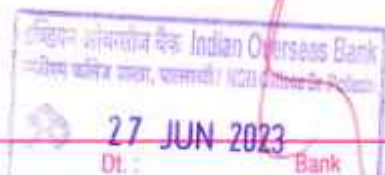
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07/6/23

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Revelution - 700/-



By D.D. No.

Dt. :

Bank

Name : A. Rahamath Afreen
Reg. / Roll No. : 21-CO-19
Course : Bcom [Commerce]
Semester : IV

Sign. of Remitter : A. Rahamath Afreen

Cashier

Officer / Asst. Manager

37

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4859 : K. Kaviaraju

: 21-10-59

: B.com (commerce)

: May 2023

: 9025061779

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Statistical method	21UC04A5	10

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Yours faithfully,

Date: 27/6/23

N. Sogayadipati
27/06/23
HEAD OF THE DEPARTMENT

K. Kaviaraju
Signature of the Student

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Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 27/06/23

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Revaluation 700/-



By D.D. No.

Name : K. Ravirasu

Reg. / Roll No. : 21-CO-59

Course : B.com (Commerce)

Semester : IV

Sign. of Remitter : K. Ravirasu

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4864 : S. Naveen Kumar

: 21-CC-64

: B.com (commerce)

: May 2023

: 9025832117

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Statistical methods	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 22/6/23

N. Jagadeesh
HEAD OF THE DEPARTMENT

S. Naveen Kumar
Signature of the Student

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Fee Amount :

Receipt No. :

Date :



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STUDENT COPY

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Revaluation - 700/-



By D.D. No.

Dt :

Bank

Name : S. JAVEEN KUMAR
Reg. / Roll No. : 21- CO-64
Course : B.com (commerce)
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

39

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4869

: S. Suresh

: 21-Co-10.

: B.COM [COMMERCE].

: MAY 2023.

: 8075797749.

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Statistical Methods	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

30.6.23 .
Date:

N. Jayalaxmi
HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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STUDENT COPY

Date : 30.6.23.

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Revaluation - 700/-



By D.D. No.

Dt. :

Name : S. Suresh .

Reg. / Roll No. : 21- CO -70.

Course : B.Com [Commerce]

Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: B. DARSANI

REGISTER NUMBER

: 21-CO-74

COURSE & BRANCH

: B.Com - Commerce [SF]

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 8122654806

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	STATISTICAL METHODS	21UC04A5	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 21-06-2023 HEAD OF THE DEPARTMENT

B Darsi
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 21-06-2023

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Revaluation
(Fees) - 700.



By D.D. No.

Dt. : 21-6-23 Bank

Name : B. DARSANI
Reg. / Roll No. : 21-CO-74
Course : B.com (SF)
Semester : V

Sign. of Remitter : B.Darsani

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

4810
: A. K. Haseen Saee
: 21- Co-11
: B. Com [Commerce]
: May - 2023
: 9940983012

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Higher Corporate Accounting	210C0409	IV

I am remitting the prescribed fees.

Date: 26/6/23.

N. Bappan
HEAD OF THE DEPARTMENT

Yours faithfully,

A. K. Haseen Saee
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
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N.G.M. College Branch, Pollachi.

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Date :

26/6/23.

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Revaluation - 200/-



By D.D. No.

Dt.

27 JUN 2023

Bank

Name :

A.K. Haroon Saee

Reg. / Roll No. :

21-Co-11

Course :

B. com [Commerce].

Semester :

IV

Sign. of Remitter :

A.K. Haroon Saee

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

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26/6/23

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Revaluation - 500/-



By D.D. No.

DT. :

Name

A.K. Haroon Bree

Reg. / Roll No.

21- Co-11

Course

B.Com [Commerce]

Semester

IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: S. Kavin Kumar

: 21-10-13

: B.com Commerce

: May 2023

: 638272 3478

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Higher Corporate Accounting	21UC0409	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 26/06/2023

N. Sanyal P. 26/06/23
HEAD OF THE DEPARTMENT

S. Kavin Kumar
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

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NGM College (Autonomous)

POLLACHI - 642 001.



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N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 26/06/2023

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

Revaluation - 500/-



By D.D. No.

Dt. :

Bank

Name

B. Kevin Kumar

Reg. / Roll No.

21-10-13

Course

B.com

Semester

II

Sign. of Remitter

B. Kevin Kumar

Cashier

Officer / Asst. Manager



Indian Overseas Bank

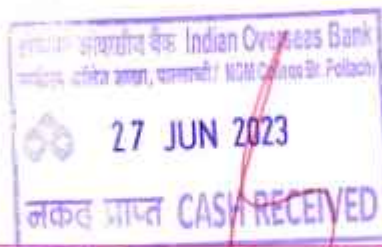
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 07/06/2023

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

Revaluation 200/-



By D.D. No.

Dt :

Bank

Name

S. Rajin Kumar

Reg. / Roll No.

21-20-13

Course

B.com

Semester

12

Sign. of Remitter

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: E. Karthikeyani

: 21-co-34

: B.com, Commerce

: May, 2023

: 9361549096

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	INDIRECT TAXATION	21UC0411	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 24/06/2023

HEAD OF THE DEPARTMENT

E. Karthikeyani
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

: 700

Receipt No.

:

Date

: 24/06/2023



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

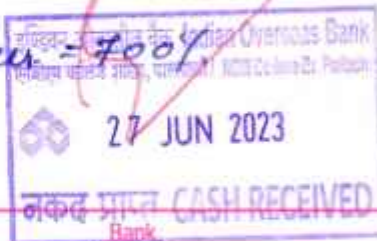
Date: 24/6/2023

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

INDIRECT

TAXATION

REAPP fee = 700/-



By D.D. No.

Dt. :

Name

Karthikeyani

Reg. / Roll No.

21-co-34

Course

B.com, Commerce

Semester

IV

Sign. of Remitter :

Karthikeyani

Cashier

Officer / Asst. Manager

44

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: A. JAYACHANDRAN.

REGISTER NUMBER

: 21-CE-009.

COURSE & BRANCH

: BSc computer science, 'A' SF

MONTH & YEAR OF EXAMINATIONS

: MAY 2023.

MOBILE NUMBER

: 8248428429.

To

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

Sir,

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

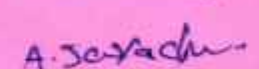
S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01.	open source: } TECHNOLOGIES }	21UCSH13	III

I am remitting the prescribed fees.

Yours faithfully,

Date: 30.06.2023


HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

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Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKACHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30.06.2023

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

Revelation fees = 500



By D.D. No.

DL

30 JUN 2023

Name

A. JAYACHANDRAN

Reg. / Roll No.

21-CE-009

Course

BSc computer science.

Semester

IV

Sign. of Remitter :

A. Jayach.

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30.06.2023

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

Reveluation Fees = 200

By D.D. No.

Dt. :

Bank

Name

A. SAYACHAN/DRAMA

Reg. / Roll No.

21-CG-009

Course

Bsc computer science.

Semester

IV

Sign. of Remitter :

A. Sayachan

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY**From****NAME OF THE STUDENT**

: Nishanth . H. Patel

REGISTER NUMBER

: 21-CE-019

COURSE & BRANCH

: BSc . COMPUTER SCIENCE A SF

MONTH & YEAR OF EXAMINATIONS

: MAY 2023

MOBILE NUMBER

: 9360721456

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01.	PYTHON PROGRAMMING	21UCS412	<u>II</u>

I am remitting the prescribed fees.

Yours faithfully,

Date: 30.06.23

ik [Signature]
HEAD OF THE DEPARTMENT

Nishanth
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30.06.23

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

Revaluation. Fees : 500/-



By D.D. No.

DL :

Name : Nishanth, H. Patel
Reg. / Roll No. : 21-CE-019
Course : BSC CS & SF
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

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Date : 30.06.23

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

Revaluation fees = 200/-



By D.D. No.

DL :

Name : Nishanth. H. Patel
Reg. / Roll No. : 21-CE-019
Course : BSC CS 'A' SF
Semester : IV

Sign. of Remitter :

Cashier

Officer / Asst. Manager

46

(11) ✓

APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: munda moorthy . s

REGISTER NUMBER

: 21-BC-18

COURSE & BRANCH

: Bca computer Applications

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 8248885787

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

(5918)

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	mathematics-III computer based optimization technique	21-UBC-4A4	IV

I am remitting the prescribed fees.

H. S. S.

Yours faithfully,

Date: 27.6.23

HEAD OF THE DEPARTMENT

S. Moorthy
Signature of the Student**FOR OFFICE USE ONLY**

Fee Amount :

Receipt No. :

Date :

**CONTROLLER OF EXAMINATIONS**

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 27.06.2023

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Revaluation - 700



By D.D. No.

Dr.

Bank

Name : Mandra Moorthy.S
Reg. / Roll No. : 21-BC-018
Course : BCA-computer Applications
Semester : IV

Sign. of Remitter : S. Murthy

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: A. VISHNU

REGISTER NUMBER

: 21-BL-96

COURSE & BRANCH

: B.C.A - Computer Application

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9345547099

To

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

5156

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Mathematics - III Computer Based Optimization Techniques	21DBCLAH	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 30/6/2023

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

: 700

Receipt No.

:

Date

: 30/06/2023



CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.
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 = 600/-

By D.D. No.

Dt. :

Bank

30 JUN 2023

Name : A. VISHNU
Reg. / Roll No. : 21-BC-96
Course : BCA
Semester : 1st

Sign. of Remitter : A. Vishnu

Cashier

Officer / Asst. Manager



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 = ~~100~~
100.-

By D.D. No.

DT. :

30 JUN 2023

Name :

L. VISHNU

Reg. / Roll No. :

21-BC-96

Course :

BCA

Semester :

IV

Sign. of Remitter :

L. Vishnu

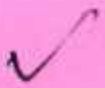
Cashier

Officer / Asst. Manager



Pay
+ 100

(14)



APPLICATION FORM FOR REVALUATION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: N. Yogesh

REGISTER NUMBER

: 21-BC-97

COURSE & BRANCH

: BCA - computer application

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 6374210655

To

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

5157

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
I	object oriented programming with C++	21VBC204	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 30/6/23

Handwritten Signature
30/6/23
HEAD OF THE DEPARTMENT

N. Yogesh
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

: 600 ₹

Receipt No.

:

Date

: 30/6/23



Handwritten Signature
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc. M.S. Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

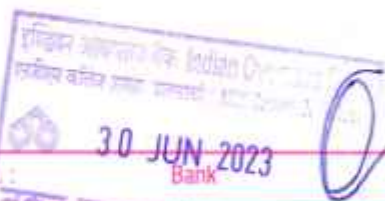
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30/6/23

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

Revaluation Fees. = 600



By D.D. No.

Dr :

30 JUN 2023

Bank

Name : N. Yogesh
Reg. / Roll No. : 21-BC-97
Course : BCA
Semester : II

Sign. of Remitter : N. Yogesh

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30/6/23

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

Reservation Fees ₹100



By D.D. No.

Dt. :

Name : N. Yogesh
Reg. / Roll No. : 21-BC-97
Course : B.A.
Semester : II

Sign. of Remitter : N. Yogesh

Cashier

Officer / Asst. Manager

49

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: S. Jagadeesh

REGISTER NUMBER

: 21-B1-05

COURSE & BRANCH

: B.COM (Banking and Insurance)

MONTH & YEAR OF EXAMINATIONS

:

MOBILE NUMBER

:

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.

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Cost Accounting	21UB1409	IV

I am remitting the prescribed fees.

Date: 28/6/2023

HEAD OF THE DEPARTMENT

Yours faithfully,

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

: 700

Receipt No.

:

Date

: 28/6/2023



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

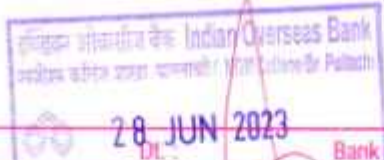
Date: 28/6/2023

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

Cost accounting

Reapp

fee = ₹00/-



By D.D. No.

DL

Bank

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

S. Jagadeesh

21-B1-05

B.COM (BLI)

IV

S. J. Y.

Cashier

Officer / Asst. Manager

60

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: N. Kaleeshwari

REGISTER NUMBER

: 21-B1-26

COURSE & BRANCH

: B.COM (Banking and Insurance)

MONTH & YEAR OF EXAMINATIONS

: May, 2023

MOBILE NUMBER

:

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

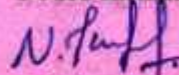
S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Cost Accounting	210B1409	IV

I am remitting the prescribed fees.

Date: 28/6/2023


HEAD OF THE DEPARTMENT

Yours faithfully,



Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

: 700

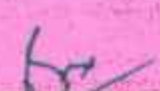
Receipt No.

:

Date

: 28/6/2023




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.



Indian Overseas Bank

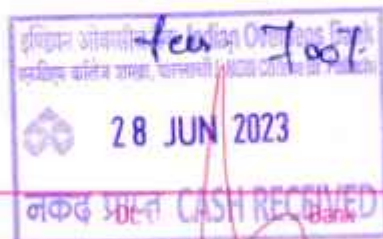
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 28/6/2023

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

cost accounting
Revaluation



By D.D. No.

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter

N. Kabeeshwar

21-B1-26

B.COM (BBI)

IV

N. Inf.

Cashier

Officer / Asst. Manager

51

① 5 ✓

✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: KRISHNAJANAA.T

REGISTER NUMBER

: 20-MA-04.

COURSE & BRANCH

: BSc., Mathematics.

MONTH & YEAR OF EXAMINATIONS

: MAY-2023.

MOBILE NUMBER

: 7904339614.

To

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

1003

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Real Analysis-II.	20VMS614	VI - Reg.
2.	Complex Analysis.	20VM8615	VI. - Reg.

I am remitting the prescribed fees.

7904394963

9976290084, 7904339614

Yours faithfully,

Date: 22/06/23.

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

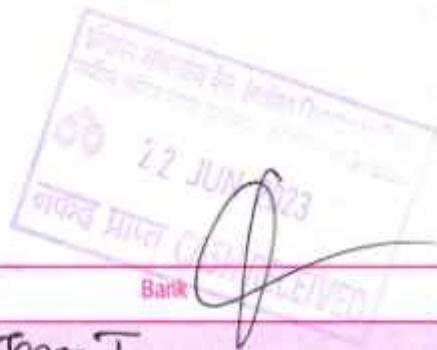
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 22/06/23

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

Revaluation fee - 800/-



By D.D. No.

Dt. :

Bank

Name : Krishna Janya T
Reg. / Roll No. : 20-MA-Q,
Course : B.Sc., Mathematics.
Semester : VI

Sign. of Remitter :

Cashier

Officer / Asst. Manager

52

(3) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : GOKUL PARSATHAN
REGISTER NUMBER : ~~2023-2024~~ 20-EC-024
COURSE & BRANCH : B.A. Economics
MONTH & YEAR OF EXAMINATIONS : May 2023
MOBILE NUMBER : 730521310

To

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

Sir,

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

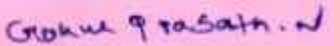
S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	INDUSTRIAL ECONOMICS	2023-24	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 26.06.2023


HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 -700

By D.D. No.

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter : Gokul Prasanth . N



Cashier

Officer / Asst. Manager

(4) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : D. JAYAPRAKASH
REGISTER NUMBER : 20-EC-05
COURSE & BRANCH : 204E06E3, ^{BA. Economic} ~~STATISTICAL METHODS II~~
MONTH & YEAR OF EXAMINATIONS : ~~may~~ 2023
MOBILE NUMBER : 6380486801

To

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

*not eligible for
supplementary exam because
two Annual*

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	STATISTICAL METHODS II	204E06E3	VI

I am remitting the prescribed fees.

Date: 30/6/23

P. A. Thirumangalakudi
HEAD OF THE DEPARTMENT

Yours faithfully,
D. Jayaprakash
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount : 700
Receipt No. :
Date : 30/6/23



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 - 700



By D.D. No.

DL :

Bank

Name : D. JAYAPRAKASH
Reg. / Roll No. : 20-EC-05
Course :
Semester : VI
Sign. of Remitter : D. Jay.

Cashier

Officer / Asst. Manager

54

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : ARUN.T
REGISTER NUMBER : 20-EL-02
COURSE & BRANCH : B.A English Literature
MONTH & YEAR OF EXAMINATIONS : 5. 2023
MOBILE NUMBER : 790452 9398

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	American Literature	20VEL 616	VI
2.	Literary Criticism	20VEL 618	VI

I am remitting the prescribed fees.

Yours faithfully,

Date:

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 : 900



By D.D. No.



Dt.

Bank

Name :

ARUN

Reg. / Roll No. :

20-EL-02

Course :

B.A English Literature

Semester :

VI

Sign. of Remitter :

Cashier

Officer / Asst. Manager



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 = 200



Total = 200

By D.D. No.

Bank

Name

Reg. / Roll No.

Course

Semester

Sign. of Remitter :

20 - EL - 02

B. A English

VI

Literature

Cashier

Officer / Asst. Manager

55

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : M. Kattaisamy
REGISTER NUMBER : 20 - EL - 05
COURSE & BRANCH : B.A English literature
MONTH & YEAR OF EXAMINATIONS :
MOBILE NUMBER : 8754878088

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Drama - II	20UE1407	IV
2	American literature	20UE1616	VI
3	literary criticism	20UE1618	VI

I am remitting the prescribed fees.

Yours faithfully,

M. D. Y.

Date: 21 - 06 - 2023 HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



400 x 3 = 1200 +
300
1500

CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 - 2100

Excess fees
Rs. 600/- refunded

[Signature]
21/6/23

[Signature]

By D.D. No.

Dr:

Bank

Name:

M. Kottaisamy

Reg. / Roll No.

20-EL-05

Course:

BA. English literature

Semester:

IV, V

Sign of Remitter:

M. By

Cashier

Officer / Asst. Manager

56

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: Sudarshan

REGISTER NUMBER

: 20-EL-11

COURSE & BRANCH

: BA. English literature

MONTH & YEAR OF EXAMINATIONS

:

MOBILE NUMBER

: 9442388943

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Drama - II	20UEL-407	IV
2	comuting skills for exam	20UEL-513	V
3	Literary criticism	20UEL618	VI
4	Shakespeare	20UEL615	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 26-06-2023

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

:

Receipt No.

:

Date

:



A. Sudharshan Kumar
CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.
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

Re valuation - ¹⁹⁰⁰~~2000~~



By D.D. No.

DL :

Name : Sudarshan . A
Reg. / Roll No. : 20 - EL - II
Course : BA . English literature
Semester : IV , V , VI

Sign. of Remitter :

Cashier

Officer / Asst. Manager

57

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: R. Gowri Shankari

REGISTER NUMBER

: 20-EL-26

COURSE & BRANCH

: BA. ENGLISH LITERATURE

MONTH & YEAR OF EXAMINATIONS

: 05.2023

MOBILE NUMBER

: 9715007030

To

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

Sir,

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

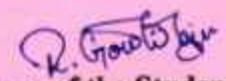
S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	American Literature	20UEL616	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 26.06.2023


HEAD OF THE DEPARTMENT


Signature of the Student

FOR OFFICE USE ONLY

Fee Amount

:

Receipt No.

:

Date

: 26.06.2023



CONTROLLER OF EXAMINATIONS


Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

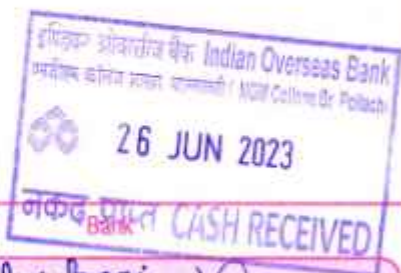
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

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

Revaluation - 700



By D.D. No.

Dt. :

Name

R. Gauri Shankari

Reg. / Roll No.

20.EL.26

Course

BA. English literature

Semester

VI

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : S. JAYA SURYA
REGISTER NUMBER : 20-CS-04
COURSE & BRANCH : Bsc. Computer Science (Aided)
MONTH & YEAR OF EXAMINATIONS : MAY 2023
MOBILE NUMBER : 8110983518

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	core elective II : Data mining and warehousing	20VCS6E4	V

I am remitting the prescribed fees.

Yours faithfully,

Date: 28/06/2023

HEAD OF THE DEPARTMENT

S. Jaya Surya
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. P. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

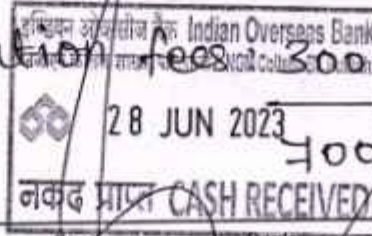
STUDENT COPY

Date: 28/6/23

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

Revaluation fees: 400

Application fees: 300



By D.D. No.

DL.

Bank

Name : S. JAYA SURYA
Reg. / Roll No. : 20-CS-04
Course : Bsc. computer science (Aided)
Semester : VI
Sign. of Remitter : S. Jaya Surya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: N.MENAGIA BRINTHA

REGISTER NUMBER

: 20-CS-35

COURSE & BRANCH

: B.Sc Computer Science

MONTH & YEAR OF EXAMINATIONS

: May, 2023

MOBILE NUMBER

: 9345556759

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Core elective II : Data mining and Warehousing	20UCSE4	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 28.06.2023 HEAD OF THE DEPARTMENT

N. Menagabrintha
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc. M.S. Ph.D.,

Controller of Examinations

NGM College (Autonomous)

POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

28/6/23

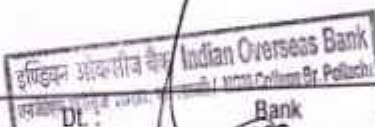
Paid in to the Credit of N.G.M. College, Examination Fees. SB A/C No. 106

Revaluation fees : 400

Application fees : 300

700

By D.D. No.



Name :

N. Menages

Reg. / Roll No. :

2065

Course :

B. SC. CS

Semester :

VI

Sign. of Remitter :

N. Menages

Cashier

Officer / Asst. Manager

60

✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : P. Airth Kumar
REGISTER NUMBER : 20-HT-01
COURSE & BRANCH : B.A History
MONTH & YEAR OF EXAMINATIONS : May 2023
MOBILE NUMBER : 883837513

To

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

Sir,

✓

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	FREEDOM STRUGGLE	200HY 612	VI

I am remitting the prescribed fees.

Date: 26.06.2023

for 
HEAD OF THE DEPARTMENT

Yours faithfully,

P. Airth Kumar
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 - 700



By D.D. No.

Dt. :

Name : P. Ajith kumar
Reg. / Roll No. : 20-WT-01
Course : B A HISTORY
Semester : III
Sign. of Remitter : AJ

Cashier

Officer / Asst. Manager

61

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: P. GURI PRASATH

REGISTER NUMBER

: 20-HT-06

COURSE & BRANCH

: B.A. HISTORY

MONTH & YEAR OF EXAMINATIONS

:

MOBILE NUMBER

: 934588082

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	FREEDOM STRUGGLE	20UHY 618	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 24.06.2023 HEAD OF THE DEPARTMENT

P. Guri Prasath.
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZHIAN, M.Sc. M.S. Ph.D.
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 - 700

By D.D. No.

DL :

Bank

Name : P. GIRI PRABATH

Reg. / Roll No. : 20-HT-06

Course : B.A HISTORY

Semester : VI

Sign. of Remitter : P. Guri prasath.

Cashier

Officer / Asst. Manager

62

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : K. Dharmaneesh
REGISTER NUMBER : 20-HI-05
COURSE & BRANCH : BA - History
MONTH & YEAR OF EXAMINATIONS : May 2023
MOBILE NUMBER : 9342492133

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Communication Skills	2041EN101	I Sem

I am remitting the prescribed fees.

Date: 26.06.23

for 
26/6/23
BA - History

HEAD OF THE DEPARTMENT

Yours faithfully,



Signature of the Student

FOR OFFICE USE ONLY

Fee Amount : 400+300 = 700
Receipt No. :
Date : 26.06.23




CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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

Revelbution :

700/-

By D.D. No.

DL :

Name : K. Dharmaneesh

Reg. / Roll No. : 20-41-05

Course : BA. History

Semester : I Sem

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

26 JUN 2023

नकद प्राप्त CASH RECEIVED

Sign. of Remitter :

Cashier

Officer / Asst. Manager

62

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: Suriyak

: 20-10-21

: B.com (commerce)

: May 2023

: 9025881628

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Indirect taxation	200C0412	4 th Sem (commerce)

I am remitting the prescribed fees.

Yours faithfully,

Date: 26.6.23

N. Angelina P. 26/06/23.
HEAD OF THE DEPARTMENT

Suriyak
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.



Indian Overseas Bank

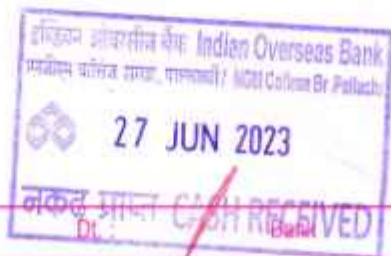
STUDENT COPY

N.G.M. College Branch, Pollachi.

Date : 27/6/23

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

Revaluation - 200



By D.D. No.

Name : Sureya k
Reg. / Roll No. : 20-10-21
Course : B. Com
Semester : IV

Sign. of Remitter : Sureya k.

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 26/6/23

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

Revaluation fee - ₹500



By D.D. No.

DL

Name : Surinika
Reg. / Roll No. : 20-10-21
Course : B.com Commerce
Semester : IV

Sign. of Remitter :

Surinika

Cashier

Officer / Asst. Manager

64

(12) ✓

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : R. Meiarasu
REGISTER NUMBER : 20 - BC - 070
COURSE & BRANCH : BCA
MONTH & YEAR OF EXAMINATIONS : 2023
MOBILE NUMBER : 636914742 2

To

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

1844

not eligible
because
two attempt.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Python Programming	204BC 623	VI

I am remitting the prescribed fees.

H. S. S.

Date: 27/06/2023 HEAD OF THE DEPARTMENT

Yours faithfully,

M. S. S.

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

H. S. S.
Dr. R. MANICKA CHEZIAN, M.Sc. M.S. Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 27/06/23

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

Revaluation Fees = 700



By D.D. No.

DT :

Bank

Name : R. Melorash

Reg. / Roll No. : 20-BL-70

Course : B.A

Semester : VI

Sign. of Remitter :

[Signature]

Cashier

Officer / Asst. Manager

(13) ✓

65.

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: S. SABAREESH

REGISTER NUMBER

: 20-BC-080

COURSE & BRANCH

: BCA - Bachelor of Computer Applications

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 9384365467

To

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

1854

Not eligible for
supplementary
because time
overrun

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Mobile Application Development	20BC 625	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 23/06/2023

HEAD OF THE DEPARTMENT

S. Sabareesh
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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 = 700



By D.D. No.

Dt. :

Bank

Name : S. SABAREESH

Reg. / Roll No. : 20-BC-080

Course : BCA

Semester : VI

Sign. of Remitter : S. [Signature]

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: A. MOHAMED SHALMAN

REGISTER NUMBER

: 20-BI-06

COURSE & BRANCH

: B.Com (Banking & Insurance)

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 8072927982.

To

THE CONTROLLER OF EXAMINATIONS,

NGM COLLEGE(AUTONOMOUS),

POLLACHI-642 001.

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
①	Management accounting.	20021619	VI

I am remitting the prescribed fees.

Yours faithfully,

Date: 21/06/2023.

HEAD OF THE DEPARTMENT

A. Mohamed Shalman
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R.MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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

Re Valuation. - 400

By D.D. No.

Dt. :

Bank

Name : A. Mohamed Shalman.

Reg. / Roll No. : 20-B1-06

Course : B.com + Banking & Insurance.

Semester : VI

Sign. of Remitter : A. Mohamed Shalman.

Cashier

Officer / Asst. Manager



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

Re-valuation - 300



By D.D. No.

Dt. :

Bank

Name : A. Mohammed Shalman.
Reg. / Roll No. : 26-B1-06
Course : B.Com - B & I.
Semester : VI

Sign. of Remitter : A. Mohammed Shalman.

Cashier

Officer / Asst. Manager

67

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

REGISTER NUMBER

COURSE & BRANCH

MONTH & YEAR OF EXAMINATIONS

MOBILE NUMBER

: Syed Ibrahim J.
: 20-81-16
: B.Com Banking & Insurance
: June 2022 May 2023
: 8946048498

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
01	Principles of General Insurance	20VB1H10	IV
02	Company Law	20VB1H12	IV

I am remitting the prescribed fees.

Yours faithfully,

Date: 26/06/2023

my
HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.A., M.S., Ph.D.
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : SYED IBRAHIM.J
REGISTER NUMBER : 20BI 16
COURSE & BRANCH : B.COM BANKING & INSURANCE
MONTH & YEAR OF EXAMINATIONS : MAY - 2023
MOBILE NUMBER : 89460 78498

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Financial & Investment Management	200BI 623	VI th

I am remitting the prescribed fees.

Yours faithfully,

Date: 23.06.2023

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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

1400/-
Revaluation fee

By D.D. No.

DL :



Name :

SYED EBRAR AHMED

Reg. / Roll No. :

208516

Course :

B.Com Banking & Insurance

Semester :

IV

Sign. of Remitter :

[Signature]

Cashier

Officer / Asst. Manager



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 23.06.2023

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

Revaluation Fee - ₹100/-



By D.D. No.

Name : SYED IERAHUZA
Reg. / Roll No. : 20B116
Course : B.COM BANKING & INSURANCE
Semester : VIth

Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : A. Ajithkumar
REGISTER NUMBER : 21-PP-01
COURSE & BRANCH : M.Sc. Physics
MONTH & YEAR OF EXAMINATIONS : May - 2023
MOBILE NUMBER : 6379929805

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Condensed Matter Physics	21PP3206	II

I am remitting the prescribed fees.

Date: 30/6/23

HEAD OF THE DEPARTMENT

Yours faithfully,

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 30/6/23

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

Revaluation Fees - 900/-



By D.D. No.

DL :

Bank

Name: *d. jith Kumar*
Reg. / Roll No. *01 - 00 - 01*
Course: *M.Sc Physics*
Semester: *IV*
Sign. of Remitter: *A. S.*

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: K. Sasi Kumar

REGISTER NUMBER

: 21-PP-06

COURSE & BRANCH

: M.Sc. Physics

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 8754708310

466

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Condensed Master Physics	21PPS206	1 st

I am remitting the prescribed fees.

Yours faithfully,

Date: 30/6/23

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date: 30/6/23

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

Revaluation

~~Arrear~~ fees - 9001-



By D.D. No.

Dt. :

Name

K. Sasi Kumar

Reg. / Roll No.

217706

Course

MSc Physics

Semester

II

Sign. of Remitter :

K. Sri

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: Tanul Vannam . P

REGISTER NUMBER

: 21 - PP - 08

COURSE & BRANCH

: M.Sc. Physics

MONTH & YEAR OF EXAMINATIONS

: May - 2023

MOBILE NUMBER

: 63799886181

468

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Condensed Matter Physics	21 PPS 206	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 30/6/23

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 30/6/23

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

Revaluation

~~Amount~~ fees - 900/-

इण्डियन ओवरसीस बैंक Indian Overseas Bank
एन.जी.एम. कॉलेज शाखा, पोल्लाची। N.G.M. College Br. Pollachi

By D.D. No.

Dt. :

30 JUN 2023
Bank

Name : Tamil Vacham. P
Reg. / Roll No. : 21-PP-0
Course : M.Sc. Phys & Sp
Semester : I

Sign. of Remitter : *Conf. P*

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: H. Kauliya

REGISTER NUMBER

: 21-PP-21

COURSE & BRANCH

: H.Sc - Physics

MONTH & YEAR OF EXAMINATIONS

: May-2023

MOBILE NUMBER

: 9677361012

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	condensed Matter physics	21 PPS 206	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 21-06-23

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount : 900/-

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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

Renualuation Fees - 900/-



By D.D. No.

Dt. :

Bank

Name : M. Kaniya
Reg. / Roll No. : 21- PP-21
Course : M-SC - Physics
Semester : II
Sign. of Remitter :

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: K. Kousalya

REGISTER NUMBER

: 21-PP-22

COURSE & BRANCH

: M.Sc - Physics

MONTH & YEAR OF EXAMINATIONS

: May-2023

MOBILE NUMBER

:

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	21 PPS 206 - condensed Matter Physics	21 PPS 206	II
2	Quantum mechanics	21 PPS 204	II

I am remitting the prescribed fees.

Yours faithfully,

Date: 21-06-23

HEAD OF THE DEPARTMENT

Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :

Receipt No. :

Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKACHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous),
POLLACHI - 642 001.



Indian Overseas Bank

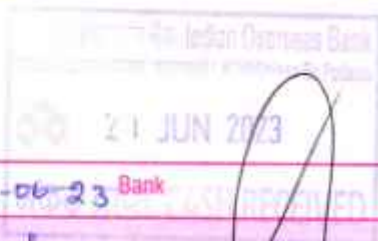
N.G.M. College Branch, Pollachi.

STUDENT COPY

Date :

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Revaluation Fees-1500/-



By D.D. No.

DT : 21-06-23 Bank

Name : K. Kowsalya
Reg. / Roll No. : 21-PP-22
Course : M.Sc-Physics
Semester : II

Sign. of Remitter : Kousalya

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT

: Devi Meenakshi - C

REGISTER NUMBER

: 22-PL-09

COURSE & BRANCH

: m A English Literature

MONTH & YEAR OF EXAMINATIONS

: May 2023

MOBILE NUMBER

: 9486827564

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1	Research methodology	22PEL2E1	II

I am remitting the prescribed fees. 900

Yours faithfully,

Date: 22.06.2023 HEAD OF THE DEPARTMENT

Signature of the Student

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Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
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N.G.M. College Branch, Pollachi.

STUDENT COPY

Date : 22.06.2023

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

Revaluation 900-1



By D.D. No.

Dt. :

Bank

Name

: Devi meenakshi C

Reg. / Roll No.

: 22PL09

Course

: M A English Literature

Semester

: II

Sign. of Remitter :

C. PA

Cashier

Officer / Asst. Manager

APPLICATION FORM FOR REVALUTION/RETOTALING/XEROX COPY

From

NAME OF THE STUDENT : M. J. Mohammed Fazil
REGISTER NUMBER : 19CH10
COURSE & BRANCH : B.Sc. Chemistry
MONTH & YEAR OF EXAMINATIONS : May - 2023
MOBILE NUMBER : 9610275741

To

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

Sir,

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

S.NO	TITLE OF THE PAPER	SUBJECT CODE	SEMESTER
1.	Physical methods & Chemical structure	19UCY611	VI

I am remitting the prescribed fees.

Date: 28-6-23

R. Indumathy
HEAD OF THE DEPARTMENT

Yours faithfully,
[Signature]
Signature of the Student

FOR OFFICE USE ONLY

Fee Amount :
Receipt No. :
Date :



CONTROLLER OF EXAMINATIONS

[Signature]
Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001



Indian Overseas Bank

N.G.M. College Branch, Pollachi.

STUDENT COPY

Date:

28/6/23

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

Revaluation Fees = 700



By D.D. No.

DL : 28.6.23

Bank

Name : M. S. Mohammed Fazil
Reg. / Roll No. : 19CH10
Course : B.Sc. Chemistry
Semester : V

Sign. of Remitter :

Cashier

Officer / Asst. Manager



Nallamuthu Gounder Mahalingam College

(An Autonomous Institution, Affiliated to Bharathiar University)

90, Palghat Road, Pollachi - 642001, Coimbatore, Tamil Nadu, India.

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



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

Report of the grievances from relevant body (2022-2023)

2022-2023

2.5.2 Revaluation Details (2022-2023)



Nallamuthu Gounder Mahalingam College

(An Autonomous Institution, Affiliated to Bharathiar University)

90, Palghat Road, Pollachi-642001, Coimbatore, Tamil Nadu, India.

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



Odd Semester

- ❖ Out of **4961** candidates, number of Revaluation/ Retotaling and the Grievance **133** and Percentage was **2.6809**.

Even Semester

- ❖ Out of **4923** candidates, number of Revaluation/ Retotaling and the Grievance **74** and Percentage was **1.5**.
- ❖ Special Supplementary Examinations were conducted on **19.07.2023** and the Results were published on **28.07.2023** and the same was published in the College Website on the same day.
- ❖ **4930** number (Regular with Arrear UG & PG) & **31** number (Previous Batch Arrear UG&PG) of Mark Statements were issued after the Odd Semester.
- ❖ **4837** number (Regular with Arrear UG & PG) & **48** number (Supplementary UG & PG) & **38** number (Previous Batch Arrear UG & PG) of Mark Statements were issued after the Even Semester.
- ❖ **1594** number of Consolidated Mark Statements UG & PG for Regular were issued.
- ❖ **1521** number (Regular UG & PG) & **48** number (Supplementary UG & PG) & **25** number (Arrear) of Provisional Certificates were received from Bharathiar University, Coimbatore.

Dr. R. MANICKA CHEZIAN, M.Sc., M.S., Ph.D.,
Controller of Examinations
NGM College (Autonomous)
POLLACHI - 642 001.



PRINCIPAL
N. G. M. COLLEGE, POLLACHI