



Erode Sengunthar Engineering College [Autonomous]

Register Number		<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>					
Name of the Candidate							
Degree		Semester					
Branch							
Question Paper Code							
Course Code							
Course Name							
No. of Pages Used		Date					
In Words		Session					

All the particulars given above by me are verified and found to be correct

Signature of the Student with Date	
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For Office Use Only

Instructions to the Candidate: Put Tick mark (✓) for the questions attended in the tick mark column against each question

Part A			Part B			Part C & Part D								
Question No	Tick	Mark	Question No	Tick	Mark	Question No	(i)		(ii)		(iii)			
							Tick	Mark	Tick	Mark	Tick	Mark		
1			11			21	a							Grand Total (in Words)
2			12				b							
3			13			22	a							
4			14				b							
5			15			23	a							Grand Total
6			16				b							
7			17			24	a							
8			18				b							
9			19			25	a							Grand Total
10			20				b							
						26								
Total														

Declaration by the Examiner: *Verified that all the questions attended by the student are valued and the total is found to be correct*

Date	Name of the Examiner	Signature of Examiner
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