

ANNEXURE I



Erode Sengunthar Engineering College
[Autonomous]

R19
UG

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

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

Signature of the Student with Date	<input type="text"/>
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For Office Use Only

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

Part A			Part B			Part C								
Question	Tick	Mark	Question	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							
6			16				b							
7			17			24	a							
8			18				b							
9			19			25	a							Grand Total
10			20				b							
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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