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|--|---|-------|-----------------------|
|  | <b>PAAVAI ENGINEERING COLLEGE</b><br><b>(AUTONOMOUS)</b><br>(Accredited by NAAC with 'A' Grade & NBA Accredited)<br><b>NH-44, Paavai Nagar, Pachal Post, Namakkal – 637 018.</b><br><b>OFFICE OF THE CONTROLLER OF EXAMINATIONS</b> | Phone | (O)04286-243038       |
|  |   | Fax   | 04286-243068          |
|  |   | Web   | www.pec.paavai.edu.in |
|  |   | Email | coe@paavai.edu.in     |

**END SEMESTER EXAMINATIONS – APRIL/MAY 2025**

**2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup> & 8<sup>th</sup> SEMESTER B.E./B.TECH. & 2<sup>nd</sup> & 4<sup>th</sup> SEMESTER M.E./M.B.A./M.C.A. PROGRAMME(S)**

**APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPTS**

1. Photocopy fee is Rs. 400/- per answer script and shall be paid to the college office in person **on or before 04.08.2025.**
2. There is NO PROVISION for photocopy of Practical / Project Examination papers.
3. Incomplete/ late application will be rejected and the fee will not be refunded or adjusted towards any fee.
4. The HOD should ensure while recommending the application that the course code and title filled in the respective columns by the candidate are verified and found to be correct.
5. The student is eligible to apply photocopy for maximum of 5 courses only

|   |   |  |
|---|---|--|
| <b>Name of the Candidate</b>                  | : |  |
| <b>Register No.</b>                           | : |  |
| <b>Degree &amp; Branch</b>                    | : |  |
| <b>No. of Course(s) applied for photocopy</b> | : |  |
| <b>Amount paid to the office</b>              | : |  |

**Course(s) for which photocopies of valued answer scripts required**

| S.No. | Semester | Code & Name of the Course | Grade | Result |
|-------|----------|---------------------------|-------|--------|
| 1     |          |                           |       |        |
| 2     |          |                           |       |        |
| 3     |          |                           |       |        |
| 4     |          |                           |       |        |
| 5     |          |                           |       |        |

|              |  |      |  |             |  |
|--------------|--|------|--|-------------|--|
| PEC Bill No. |  | Date |  | Amount Paid |  |
|--------------|--|------|--|-------------|--|

|                                  |                     |                                   |
|----------------------------------|---------------------|-----------------------------------|
|                                  |                     |                                   |
| <b>Recommendation of the HOD</b> |                     | <b>Signature of the Candidate</b> |
|                                  |                     |                                   |
| <b>Signature of the HOD</b>      | <b>College Seal</b> | <b>Signature of the Principal</b> |