

	<p>Dr. N.G.P. ARTS AND SCIENCE COLLEGE (An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore) Approved by Government of Tamil Nadu and Accredited by NAAC with 'A' Grade (2nd Cycle) Dr. N.G.P. – Kalapatti Road, Coimbatore-641048, Tamil Nadu, India Web: www.drngpasc.ac.in Email: info@drngpasc.ac.in Phone: +91-422-2369100</p>	<p>NAAC 3rd Cycle</p>
		<p>Criterion II Metric 2.5.2</p>

2.5.2 Revaluation Sample Applications



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

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 Dr. N.G.P. - Kalapatti Road, Coimbatore-641048, Tamil Nadu, India
 Web: www.dnpgpasc.ac.in | Email: info@dnpgpasc.ac.in | Phone: +91-422-2369100

Q.M.

2.5.2b

APPLICATION FOR REVALUATION OF ANSWER SCRIPT

Appl. No:

- 1 Name of the Student : CHANDRAXUMAR - S ✓
 2 Register Number : 201CS106 ✓
 3 Degree of Study : B. Sc
 4 Branch of Study : COMPUTER SCIENCE
 5 Semester, Month & Year of Examination :
- | Semester | Month | Year |
|----------|-------|------|
| II | APRIL | 2021 |

- 6 Course for which Revaluation required :

S. No.	Course Code	Course	Marks Secured			Result
			CA	CE	Total	
1.	196BM1A2AA	AECCHUMAN RIGHTS	-	19	19	RA

- 7 Particulars of fees paid :

Amount ₹	Receipt Number	Date of Payment
400	2990	22/10/2021

Signature

Student

 Class Advisor

 HoD

 Dean-Academics

For CoE's Office		For Principal's Office	
ANS. BOOK No. :	<input type="text"/>	APPROVED :	<input type="text"/>
DUMMY No. :	<input type="text"/>	COMMENTS :	
DATE OF EXAM :	<input type="text"/>		
ACoE	CoE		PRINCIPAL





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DR. N.G.P. ARTS AND SCIENCE COLLEGE

COLLEGE :

RCT. No. : 2990		MISCELLANEOUS FEES		Date : 22/10/2021							
Name : CHANDRAKUMAR S		Time : 01:31:49 PM									
Course : II BSC CS B		Roll No. : 201CS106									
Period : -		Batch : -									
Sl. No.	PARTICULARS			AMOUNT (₹)							
1	REVALUATION			400.00							
<div style="font-size: 100px; opacity: 0.3; transform: rotate(-10deg); position: absolute; top: 50%; left: 50%;">RECEIPT</div>											
Bank Details(if any)											
-											
				<table border="0"> <tr> <td>Fine :</td> <td>0.00</td> </tr> <tr> <td>By Cash :</td> <td>400.00</td> </tr> <tr> <td>By Bank :</td> <td>0.00</td> </tr> </table>		Fine :	0.00	By Cash :	400.00	By Bank :	0.00
Fine :	0.00										
By Cash :	400.00										
By Bank :	0.00										
* Cheque subject to realization				TOTAL 400.00							
<p>Rupees Four Hundred Only</p> <p>For Kovai Medical Center Research and Educational Trust</p> <p>SHARMILA</p> <p>Authorised Signatory</p>											

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Q.M.

2.5.2b

APPLICATION FOR REVALUATION OF ANSWER SCRIPT

Appl. No:

				23
--	--	--	--	----

- | | | |
|---|---------------------|---|
| 1 | Name of the Student | : Harris Dennison P ✓ |
| 2 | Register Number | : 2aBMO24 |
| 3 | Degree of Study | : BBA(CA) |
| 4 | Branch of Study | : Business administration with computer application |

- 5 Semester, Month & Year of Examination

Semester	Month	Year
II	APRIL	2021

- 6 Course for which Revaluation required

S. No.	Course Code	Course	Marks Secured			Result
			CA	CE	Total	
	192MT1825A	MATHEMATICS FOR MANAGEMENT - II	20	19	39	

- 7 Particulars of fees paid

Amount ₹	Receipt Number	Date of Payment
400	3018	25.10.202

Signature

Student

D. ~~20~~ 23/10/24
Dean-Academics

Class Advisor

HoD

For CoE's Office		For Principal's Office	
ANS. BOOK No. :	<input type="text"/>	APPROVED :	<input type="text"/>
DUMMY No. :	<input type="text"/>	COMMENTS :	
DATE OF EXAM :	<input type="text"/>		
ACoE	CoE		PRINCIPAL






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COLLEGE: DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 3018		MISCELLANEOUS FEES		Date : 25/10/2021	
Name : HARRIS DENNISON P		Time :		03:49:38 PM	
Course : II BBA(CA) A		Roll No. :			
Period : -		Batch :		201BM024	
Sl. No.	PARTICULARS			AMOUNT (₹)	
1	REVALUATION			400.00	
<div style="font-size: 100px; opacity: 0.1; transform: rotate(-10deg); pointer-events: none;">RECEIPT</div>					
Bank Details(if any)					
-					
				Fine : 0.00	
				By Cash : 400.00	
				By Bank : 0.00	
* Cheque subject to realization				TOTAL	
				400.00	
Rupees Four Hundred Only					
For Kovai Medical Center Research and Educational Trust  SURYABHARATHI Authorised Signatory					



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Q.M.

2.5.2b

APPLICATION FOR REVALUATION OF ANSWER SCRIPT

Appl. No:

- Name of the Student : R. GOPINATH
- Register Number : 2018P045
- Degree of Study : B.COM (UG)
- Branch of Study : B.COM (BPS) BUSINESS PROCESS SERVICE
- Semester, Month & Year of Examination :

Semester	Month	Year
1	FEB	2021

- Course for which Revaluation required :

S. No.	Course Code	Course	Marks Secured			Result
			CA	CE	Total	
1.	191TL1A1A	TAMIL	17	24	41	RA

- Particulars of fees paid :

Amount ₹	Receipt Number	Date of Payment
400	4276	26/3/2021

Signature

R. Gopinath
Student

Class Advisor
26/3/21

V.P. Ananthanarayanan
HoD
26/3/21

Dean-Academics
26/3/21

For CoE's Office	For Principal's Office
ANS. BOOK No. : <input type="text"/>	APPROVED : <input type="text"/>
DUMMY No. : <input type="text"/>	COMMENTS : <input type="text"/>
DATE OF EXAM : <input type="text"/>	
ACoE	PRINCIPAL
CoE	





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COLLEGE : DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 4176 **MISCELLANEOUS FEES** **Date :** 26/03/2021

Name : GOPINATH R
Course : I BCOM(BPS)
Period : -

Time : 01:59:13 PM
Roll No. :
Batch : 201bp045

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
<div style="text-align: center; font-size: 100px; opacity: 0.1; transform: rotate(-10deg);">RECEIPT</div>		
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00
* Cheque subject to realization		
TOTAL		400.00

Rupees Four Hundred Only

For Kovai Medical Center Research and Educational Trust

SURYASHARATHI

Authorised Signatory



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APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate: S. Kesavan App.No: 10
2. Register No : 171CS027
3. Course of Study : B.Sc
4. Branch : Computer Science
5. Semester, Month &
Year of Examination : II Semester, Jan 2021
6. Subject for which Revaluation / Transparency is required:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
<u>1</u>	<u>17UCS23B</u>	<u>Digital Logic and Circuits</u>	<u>5</u>	<u>30</u>	<u>35</u>	<u>Answer</u>

7. Particulars of fees paid: i) Amount : 400
ii) Receipt No. with Date : 3100/2-02-2021
[Signature]
Signature of the Candidate

8. Remarks of the HOD
Has attended the exam well.

[Signature]
Signature of the HOD

Station: Kalapatti
Date : 12/2/2021

[Signature]
Signature of the COE



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DR. N.G.P. ARTS AND SCIENCE COLLEGE

COLLEGE :

RCT. No. : 3100		MISCELLANEOUS FEES		Date : 12/02/2021	
Name : KESAVAN S		Time : 03:18:56 PM		Roll No. : 171CS027	
Course : -		Batch : -			
Period : -					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	400.00			
<div style="font-size: 4em; opacity: 0.3; transform: rotate(-10deg); position: absolute; top: 50%; left: 50%;">RECEIPT</div>					
Bank Details(if any)					
-					
				Fine :	0.00
				By Cash :	400.00
				By Bank :	0.00
* Cheque subject to realization					
TOTAL					400.00
Rupees Four Hundred Only					
For Kovai Medical Center Research and Educational Trust					
SURYABHARATHI					
Authorised Signatory					



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APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate: MANIVASAGAM.M

App.No: 7

2. Register No : 171BP026

3. Course of Study : B.COM BUSINESS PROCESS SERVICES

4. Branch : BUSINESS PROCESS SERVICES

5. Semester, Month &

Year of Examination : January 2021

6. Subject for which Revaluation / Transparency is required:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	17UMA4AB	Operations Research	08	30	38	Re-Appeal

7. Particulars of fees paid:

i) Amount : 400

ii) Receipt No. with Date : 3213. 22/02/2021

Masth

Signature of the Candidate

8. Remarks of the HOD :

Recommended to apply

S. S. Suresh
Signature of the HOD

Station: Coimbatore

Date : 22/02/2021

H. V. H.
Signature of the COE



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DR. N.G.P. ARTS AND SCIENCE COLLEGE

COLLEGE :

3213

MISCELLANEOUS FEES

22/02/2021

RCT. No. :

Date :

MANIVASAGAM M

Name :

Time : 09:44:56 AM

Course :

Roll No. : 171BP026

Period :

Batch :

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
<div style="text-align: center; font-size: 2em; opacity: 0.3; transform: rotate(-10deg);">RECEIPT</div>		
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00

* Cheque subject to realization

TOTAL

400.00

Rupees Four Hundred Only

For Kovai Medical Center Research and Educational Trust

GOMATHI

Authorised Signatory



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APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate: S. Merlin Sneha App.No: 03
2. Register No : 171MT029
3. Course of Study : B.Sc
4. Branch : Mathematics
5. Semester, Month &
Year of Examination : VI Semester, September - 2020 (April - 2020)
6. Subject for which Revaluation / Transparency is required:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	17UMT63A	Real Analysis-II	25	55	80	PS

7. Particulars of fees paid: i) Amount : 400
ii) Receipt No. with Date :

S. Sneha

Signature of the Candidate

8. Remarks of the HOD

Signature of the HOD

Station: Salern

Date : 19/10/2020

[Signature]

Signature of the COE



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RCT. No. : 512		MISCELLANEOUS FEES		Date : 20/10/2020	
Name : MERLIN SNEHA S		Time : 11:49:38 AM		Roll No. :	
Course : III BSC MATHS		Batch : 171mt029			
Period : -					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	400.00			
Bank Details(if any)					
indian bank-COIMBATORE					
NEFT #29316880235-19/10/2020					
Pay@COIMBATORE					
		Fine	0.00		
		By Cash	0.00		
		By Bank	400.00		
* Cheque subject to realization		TOTAL		400.00	
Rupees Four Hundred Only		For Kovai Medical Center Research and Educational Trust			
		Easvari Authorised Signatory			



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APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate: T. SUGANTI

App.No: 01

2. Register No : 182MA05

3. Course of Study : M.Sc

4. Branch : MATHEMATICS

5. Semester, Month &

Year of Examination : IV, SEPTEMBER 2020

6. Subject for which Revaluation / Transparency is required:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	17PMT43D	STATISTICAL SOFTWARE	24	66	90	PASS

7. Particulars of fees paid: i) Amount : 600

ii) Receipt No. with Date :

Suganti.T

Signature of the Candidate

8. Remarks of the HOD

Signature of the HOD

Station: COIMBATORE

Date : 19.10.2020

Signature of the COE

MOBILE NO: 8973837761

email ID : sugantivignesh@gmail.com



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APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate: T. SUGANTI

App.No: 02

2. Register No : 182MA051

3. Course of Study : M.Sc

4. Branch : MATHEMATICS

5. Semester, Month &

Year of Examination : IV, SEPTEMBER 2020

6. Subject for which Revaluation / Transparency is required:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	17PMT43C	CONTROL THEORY	24	61	85	PASS

7. Particulars of fees paid: i) Amount : 600

ii) Receipt No. with Date :

Suganti.T
Signature of the Candidate

8. Remarks of the HOD

Signature of the HOD

Station: COIMBATORE

Date : 19.10.2020

[Signature]
Signature of the COE

MOBILE NO: 8973837761

email ID : sugantivignesh@gmail.com

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(0422) 2369321 ✉ info@kmch.ac.in Website: www.kmch.ac.in

Institution - Dr NGP Arts and Science College

RCT.No : 109993354955		Date : 2020-10-19 15:46:19		
Name : SUGANTI T		Roll No : 182MA051		
Course/Class : M.Sc		Specialization : MATHEMATICS		
Payment Mode : Debit Card				
Sl.No.	PARTICULARS	AMOUNT(₹)	Late fee	Sub Total
1	MISCELLANEOUS FEES - REVALUATION 2020	1200	0	1200
*Payments are subject to realization		Total		1200
Rupees : One Thousand Two Hundred Rupees Only				
Note: This is computer generated receipt does not require any signature/Stamp				



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Website: www.dmgpsc.ac.in | Email: drngparts@kmch.ac.in. | Phone: +91 - 422 - 2369100

APPLICATION FOR REVALUATION

App. No: 12

1. Name of the Candidate: NAVEEN. M

2. Register No : 171C0037

3. Course of Study : B.com

4. Branch : COMMERCE

5. Semester, Month &

Year of Examination : Semester V, November, 2019

6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	17UC053A	HIGHER CORPORATE ACCOUNTING	15	22 ✓	37	RA


7. Particulars of fees paid: i) Amount : 400.00

ii) Receipt No. with Date : 12158, 14.12.2019

8. Remarks of the HOD

Can be considered for revaluation

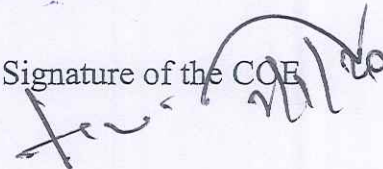
Signature of the Candidate


H.O.D OF COMMERCE
Dr. N.G.P. Arts & Science College
(Autonomous)
Signature of the HOD
COIMBATORE - 641 048.

Station: COIMBATORE

Date : 14.12.2019

Signature of the COE





KOVAI MEDICAL CENTER RESEARCH AND EDUCATIONAL TRUST

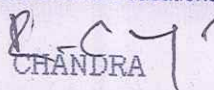
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COLLEGE : DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 12158		MISCELLANEOUS FEES		Date : 14/12/2019	
Name : NAVEEN M		Time : 10:37:06 AM			
Course : III BCOM (A)		Roll No. : 171co037			
Period : -		Batch :			

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
<div style="font-size: 4em; opacity: 0.3; transform: rotate(-10deg); position: absolute; top: 50%; left: 50%;">RECEIPT</div>		
Bank Details(if any)		
-		
<div style="text-align: right;"> Fine : 0.00 By Cash : 400.00 By Bank : 0.00 </div>		
* Cheque subject to realization		
TOTAL		400.00

Rupees Four Hundred Only		For Kovai Medical Center Research and Educational Trust	
.....		 CHANDRA	
		Authorised Signatory	



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Website: www.dnpgpsc.ac.in | Email: dnpgpsc@knch.ac.in | Phone: +91 - 422 - 2369100

APPLICATION FOR REVALUATION

App. No: 138

1. Name of the Candidate: Nandha kumar D

2. Register No : 171CS136

3. Course of Study : B.Sc

4. Branch : Computer Science

5. Semester, Month &

Year of Examination : 5th sem, November-2019

6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	17UC53A	CORE: DATA communication and networks	13	20	33	RD

7. Particulars of fees paid: i) Amount : ₹.400/-

ii) Receipt No. with Date : 12345

8. Remarks of the HOD

He is confident to score
Per marks in his subjects.

Part of:
Signature of the Candidate

Signature of the HOD
Head of the Department
Department of Computer Science
Dr. N.G.P. Arts and Science College
(AUTONOMOUS)
Coimbatore - 641 048

Station: Coimbatore

Date : 20-12-2019

Signature of the COE



Dr. N.G.P Arts and Science College (Autonomous)
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(Re-accredited with 'A' Grade by NAAC & Affiliated to Bharathiar University)
Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

Appl. No: **99**

Name of the Candidate : **Gowrishankar S**
Register No : **1610111**
Course of Study : **B.COM**
Branch : **COMMERCE**
Semester, Month & : **IV SEMESTER [NOV-2019]**
Year of Examination :
Subject for which Revaluation applied : **EXECUTIVE BUSINESS COMMUNICATION**

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	16UC043C	EXECUTIVE BUSINESS COMMUNICATION	7	31	38	RA

Particulars of fees paid : i) Amount : **400.00**
ii) Receipt No. with Date : **121312 19/12/2019**

S. Jeyaraj

Signature of the Candidate

Remarks of the HOD

**Can be considered for
revaluation.**

C. R. R. R. R.
H.O.D OF COMMERCE
Signature of the HOD with Seal
(AUTONOMOUS)
COIMBATORE - 641 048.

Station: **COIMBATORE**

Date : **19/12/2019**

Signature of the COE

J. C. R. R. R.



68

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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: 68

1. Name of the Candidate: C. Parakrishnan ✓
2. Register No : 16105147 ✓
3. Course of Study : BSC
4. Branch : Computer Science
5. Semester, Month &
Year of Examination : 6, April - 2019
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	16105147	Elective Mobile Computing	7	22	29	PA

7. Particulars of fees paid: i Amount : 800
ii Receipt No. with Date : 2734, 20/05/2019

C. Parakrishnan
Signature of the Candidate

8. Remarks of the HOD

Recommended.

Station: Coimbatore

Date : 20/05/2019

W. J. Jeyaraj
Signature of the HOD
(V. S. Jeyaraj Sr. Ann)
Head of the Department
Department of Computer Science
Dr. N.G.P. Arts & Science College
Coimbatore-641 035
Signature of the COE



69

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Dr. N.G.P - Kalapatti Road, Coimbatore - 641 048.

APPLICATION FOR REVALUATION

App. No: **59**

1. Name of the Candidate: **C. Rama Krishnan**
2. Register No : **16125147**
3. Course of Study : **BSC**
4. Branch : **Computer Science**
5. Semester, Month &
Year of Examination : **6, April - 2019**
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	160456ED	B Lecture Data Mining	7	22	29	RA

7. Particulars of fees paid:
 - i Amount : **800**
 - ii Receipt No. with Date : **2734, 20/05/2019**

C. Rama
Signature of the Candidate

8. Remarks of the HOD

Recommended

Station: **Coimbatore**

Date : **20/05/2019**

V.S. Jagan
Signature of the HOD
(V.S. JAGANESWARAN)
Head of the Department
Department of Computer Science
Dr. N.G.P. Arts & Science College
Coimbatore-641 035
Signature of the COE



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COLLEGE : DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 2734		MISCELLANEOUS FEES		Date : 20/05/2019	
Name : RAMAKRISHNAN C		Time : 02:26:40 PM		Roll No. : 161CS147	
Course : -		Batch : 161CS147			
Period : -					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	800.00			
Bank Details(if any)					
-					
		Fine :		0.00	
		By Cash :		800.00	
		By Bank :		0.00	
* Cheque subject to realization		TOTAL		800.00	
Rupees Eight Hundred Only		For Kovai Medical Center Research and Educational Trust			
		SURYABHARATHI			
		Authorised Signatory			



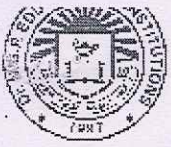
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COLLEGE : DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 2733		MISCELLANEOUS FEES		Date : 20/05/2019	
Name : NISHANTH A		Time : 02:17:37 PM		Roll No. :	
Course : -		Batch : 161BT037			
Period : -					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	400.00			
Bank Details(if any)					
		Fine :		0.00	
		By Cash :		400.00	
		By Bank :		0.00	
* Cheque subject to realization				TOTAL 400.00	
Rupees ...Four...Hundred...Only.....		For Kovai Medical Center Research and Educational Trust			
.....		SURYABHARATHI Authorised Signatory			



APPLICATION FOR REVALUATION

App. No: 77

1. Name of the Candidate: J. Raja Durai ✓
2. Register No : 161Bm037 ✓
3. Course of Study : BBA(CA)
4. Branch : Business management
5. Semester, Month &
Year of Examination : VI Semester, April - 2019
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	15UBM33B	Production and material Management (PMM) ✓	4	35 ✓	39	RA

7. Particulars of fees paid: i) Amount : 200/-
ii) Receipt No. with Date : 2752 - 21/05/2019

J. Raja Durai
Signature of the Candidate

8. Remarks of the HOD May be considered for Revaluation.

Signature of the HOD

Dr. S. MOHAN M.B.A., M.Phil., PGDCA, Ph.D.,
Head - Management Studies
Dr. N.G.P. Arts and Science College
Kalapatti Road, Coimbatore - 641 048.
Signature of the COE

Station: Coimbatore.
Date : 21/05/2019.



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COLLEGE : DR. N.G.P. ARTS AND SCIENCE COLLEGE

RCT. No. : 2752		MISCELLANEOUS FEES		Date : 21/05/2019	
Name : RAJADURAI J		Time :		11:00:09 AM	
Course : -		Roll No. :		161BM037	
Period : -		Batch :		161BM037	
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	400.00			
Bank Details(if any)					
-					
		Fine		0.00	
		By Cash		400.00	
		By Bank		0.00	
* Cheque subject to realization		TOTAL		400.00	
Rupees Four HundredOnly.....		For Kovai Medical Center Research and Educational Trust			
.....		Easwari			
		Authorised Signatory			



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Dr. N.G.P - Kalapatti Road, Coimbatore - 641 048.

APPLICATION FOR REVALUATION

App. No: 89

1. Name of the Candidate: **SHAKTHI GANESH-T**
2. Register No : **181C0047**
3. Course of Study : **Bcom**
4. Branch : **Commerce**
5. Semester, Month & Year of Examination : **1st Semester, November - 2018.**
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	17UC013B	Business Organization & Office Administration	16	21	37	Re-Appeal

7. Particulars of fees paid: i) Amount : **400**
ii) Receipt No. with Date : **14901 & 27.12.2018**

8. Remarks of the HOD
He was attending ^{all the questions} ~~80%~~ in section A and only 3 questions attended in section B. **Rem** **27/12/18**
Signature of the Candidate

8. Remarks of the HOD

Station: **Coimbatore**

Date : **27.12.18**

Signature of the HOD
H.O.D OF COMMERCE
Dr. N.G.P. Arts & Science College
(AUTONOMOUS)
COIMBATORE - 641 048.
Signature of the COE



KOVAI MEDICAL CENTER RESEARCH AND EDUCATIONAL TRUST

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DR. N.G.P. ARTS AND SCIENCE COLLEGE

COLLEGE :

14901

MISCELLANEOUS FEES

27/12/2018

RCT. No. :

SHAKTHI GANESH T

Date :

Name : I BCOM (A)

Time : 03:57:00 PM

Course : -

Roll No. : 181C0047

Period : -

Batch :

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00
* Cheque subject to realization		
TOTAL		400.00

Rupees Four Hundred Only

For Kovai Medical Center Research and Educational Trust

BHUVANESWARI

Authorised Signatory



Dr. N.G.P Arts and Science College (Autonomous)
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(Re-accredited with 'A' Grade by NAAC & Affiliated to Bharathiar University)
Dr. N.G.P - Kalapatti Road, Coimbatore - 641 048.

APPLICATION FOR REVALUATION

App. No: 89

1. Name of the Candidate: **SHAKTHI GANESH-T**
2. Register No : **181C0047**
3. Course of Study : **Bcom**
4. Branch : **Commerce**
5. Semester, Month & Year of Examination : **1st Semester, November - 2018.**
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	17UC013B	Business Organization & Office Administration	16	21	37	Re-Appeal

7. Particulars of fees paid: i) Amount : **400**
ii) Receipt No. with Date : **14901 & 27.12.2018**

8. Remarks of the HOD
He was attending ^{all the questions} ~~80%~~ in section A and only 3 questions attended in section B. **Rem** **27/12/18**
Signature of the Candidate

8. Remarks of the HOD

Station: **Coimbatore**

Date : **27.12.18**

H.O.D OF COMMERCE
Dr. N.G.P. Arts & Science College
(AUTONOMOUS)
COIMBATORE - 641 048.
Signature of the COE



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DR. N.G.P. ARTS AND SCIENCE COLLEGE

COLLEGE :

14901

MISCELLANEOUS FEES

27/12/2018

RCT. No. :

SHAKTHI GANESH T

Date :

Name : I BCOM (A)

Time : 03:57:00 PM

Course : -

Roll No. : 181C0047

Period : -

Batch :

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00
* Cheque subject to realization		
TOTAL		400.00

Rupees Four Hundred Only

For Kovai Medical Center Research and Educational Trust

BHUVANESWARI

Authorised Signatory



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

Appl. No: **85**

Name of the Candidate : **KALAI PANDIAN. M**
Register No : **151FI 018**
Course of Study : **B.COM**
Branch : **FINANCE**
Semester, Month & : **V**
Year of Examination : **NOVEMBER 2017**

Subject for which Revaluation applied: **BANKING THEORY, LAW AND PRACTICE**

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	15UF15SA	BANKING THEORY, LAW AND PRACTICE	07	22 /	29	ARREAR

Particulars of fees paid : i) Amount : **400**
ii) Receipt No. with Date : **14036-27/12/2017**

M. Kalai

Signature of the Candidate

Remarks of the HOD

Kindly consider

P. K. S.

Signature of the HOD with Seal

HoD of Commerce Finance
Dr. N.G.P. Arts and Science College (Autonomous)
Kalapatti Road, Coimbatore - 641 048.

Station: **Coimbatore**

Date : **29/12/17**

[Signature]
Signature of the COE



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Dr. N.G.P. - Kalappatti Road, Coimbatore - 641 048.

Ph. : 0422 - 2369100, 2369253, Fax : 0422 - 2369206

Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. : 14036 MISCELLANEOUS FEES Date : 27/12/2017

Name : KALAI PANDIAN M
Course : III BCOM FINANCE
Period : -

Time : 02:51:20 PM
Roll No. : 151fi018
Batch : -

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00

* Cheque subject to realization

TOTAL 400.00

Rupees Four Hundred Only

For Dr. N.G.P. Arts and Science College

BHUVANESWARI

Authorised Signatory



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: **164**

1. Name of the Candidate: **AHMED DARWESH C.K**
2. Register No : **15ICL002**
3. Course of Study : **BSc CLT**
4. Branch : **clinical Lab Technology**
5. Semester, Month &
Year of Examination : **6th semester - April - 2018**
6. Subject for which Revaluation applied: **CYTOLOGY**

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	15UCL63B 27.4.FN	CYTOLOGY	6	30	36	RA

7. Particulars of fees paid: i) Amount : **400**
ii) Receipt No. with Date : **2616 . 25/05/2018**

Consider for revaluation
8. Remarks of the HOD

Signature of the Candidate

Signature of the HOD

For
Dept. of Clinical Laboratory Technology
Dr. N.G.P. Arts and Science College
Coimbatore - 641 048.

Station: **Coimbatore**
Date : **25/05/2018**

Signature of the COE



Dr. N.G.P Arts and Science College (Autonomous)
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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: **174**

1. Name of the Candidate: **M. Chakkaravarthy**

2. Register No : **151BM104**

3. Course of Study : **BBA**

4. Branch : **CA**

5. Semester, Month &

Year of Examination : **VI - April - 2018**

6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	15UBM53B	Research Methods For Management	5	32	37	RA

7. Particulars of fees paid: i) Amount : **400**

ii) Receipt No. with Date : **2626 - 25/05/2018**

M. Chakkaravarthy
Signature of the Candidate

8. Remarks of the HOD

can be considered

Station: **Coimbatore - 48**

Date : **25/05/2018**

For
S. MOHAN, M.B.A., M.Phil., PGDCA.,
HOD-Management Studies
Dr. N G P. Arts and Science College
Kalapatti Road, Coimbatore-641 048

Signature of the COE



Dr. N.G.P Arts and Science College (Autonomous)
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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: **174**

1. Name of the Candidate: **M. Chakkaravarthy**

2. Register No : **151BM104**

3. Course of Study : **BBA**

4. Branch : **CA**

5. Semester, Month &

Year of Examination : **VI - April - 2018**

6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	15UBM53B	Research Methods For Management	5	32	37	RA

7. Particulars of fees paid: i) Amount : **400**

ii) Receipt No. with Date : **2626 - 25/05/2018**

M. Chakkaravarthy
Signature of the Candidate

8. Remarks of the HOD

can be considered

Station: **Coimbatore - 48**

Date : **25/05/2018**

For
S. MOHAN, M.B.A., M.Phil., PGDCA.,
HOD-Management Studies
Dr. N G P. Arts and Science College
Kalapatti Road, Coimbatore-641 048

Signature of the COE



Dr. N.G.P Arts and Science College (Autonomous)
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(Re-accredited with 'A' Grade by NAAC & Affiliated to Bharathiar University)
Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.


APPLICATION FOR REVALUATION

App. No: **165**


1. Name of the Candidate: **S. Navreen**
2. Register No : **151CA131**
3. Course of Study : **BCA**
4. Branch : **Computer Application**
5. Semester, Month &
Year of Examination : **V, Nov - 2017**
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	15UCA58A	Case Tools Concepts and Applications	9	14	23	RA

7. Particulars of fees paid: i) Amount : **400**
ii) Receipt No. with Date : **14100. 28/12/17**


Signature of the Candidate

8. Remarks of the HOD
Recommended.


Signature of the HOD
Department of Computer Applications
Dr. N.G.P Arts & Science College
Coimbatore 641 035

Station:

Date :


Signature of the COE



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION


Appl. No: 195


Name of the Candidate : Dhaarami. M
Register No : 151BT009
Course of Study : B.Sc.,
Branch : Biotechnology
Semester, Month & : V & November - 2017
Year of Examination :
Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	15UBT53B	Plant biotechnology	12	24	36	RA

Particulars of fees paid : i) Amount : 100
ii) Receipt No. with Date : 140975 28/12/2017

Revaluation may
be granted
Remarks of the HOD



Signature of the Candidate


Signature of the HOD with Seal

HEAD, DEPT. OF BIOTECHNOLOGY
OR. N.G.P. ARTS & SCIENCE COLLEGE
COIMBATORE

Station: Coimbatore

Date : 28/12/2017

Signature of the COE




Dr. N.G.P Arts and Science College (Autonomous)
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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

Appl. No: **85**

Name of the Candidate : **KALAI PANDIAN.M**
Register No : **151F1018**
Course of Study : **B.COM**
Branch : **FINANCE**
Semester, Month & : **V**
Year of Examination : **NOVEMBER 2017**

Subject for which Revaluation applied: **BANKING THEORY, LAW AND PRACTICE**

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	15UF15SA	BANKING THEORY, LAW AND PRACTICE	07	22 /	29	ARREAR

Particulars of fees paid : i) Amount : **400**
ii) Receipt No. with Date : **14036-27/12/2017**

M. Kalai

Signature of the Candidate

Remarks of the HOD

Kindly consider

P.K. S.

Signature of the HOD with Seal

HoD of Commerce Finance
Dr. N.G.P. Arts and Science College (Autonomous)
Kalapatti Road, Coimbatore - 641 048.

Station: **Coimbatore**

Date : **29/12/17**

[Signature]
Signature of the COE



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Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. : 14036 MISCELLANEOUS FEES Date : 27/12/2017

Name : KALAI PANDIAN M
Course : III BCOM FINANCE
Period : -

Time : 02:51:20 PM
Roll No. : 151fi018
Batch : -

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	400.00
Bank Details(if any)		
-		
Fine :		0.00
By Cash :		400.00
By Bank :		0.00

* Cheque subject to realization

TOTAL 400.00

Rupees Four Hundred Only

For Dr. N.G.P. Arts and Science College

BHUVANESWARI

Authorised Signatory



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: 29

1. Name of the Candidate: **T. GUNASUNDARI**
2. Register No : **162EL012**
3. Course of Study : **MA**
4. Branch : **English Literature**
5. Semester, Month &
Year of Examination : **II, April & 2017**
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	16PEL23A	British literature - III	17	28	45	BA

7. Particulars of fees paid: i) Amount : **350/-**
ii) Receipt No. with Date : **2220 09/06/2017**

Recommended for Revaluation
8. Remarks of the HOD

T. Gunasundari
Signature of the Candidate

R. V. R. Ph
Signature of the HOD

Head of the Department
Department of English
Dr. N.G.P. Arts & Science College
Coimbatore

Station: **Coimbatore**
Date : **09/06/2017**

Signature of the COE

Dr. N. BALUSWAMI
Controller of Examinations
Dr. N.G.P Arts and Science College (Autonomous)
Dr. N.G.P Kalapatti Road, Coimbatore - 641 048.



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore

Re-Accredited by NAAC with 'A' Grade

Dr. N.G.P. - Kalappatti Road, Coimbatore - 641 048.

Ph. : 0422 - 2369100, 2369253, Fax : 0422 - 2369206

Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

Executive Forms (F) Ltd. © 96554 46088

RCT. No. : 2220		MISCELLANEOUS FEES		Date : 09/06/2017	
Name : GUNASUNDARI T		Time : 09:46:41 AM		Roll No. : 162EL012	
Course : II M.A ENGLISH LANGUAGE &		Batch :			
Period : -					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	350.00			
Bank Details(if any) -		RECEIPT			
		Fine :	0.00		
		By Cash :	350.00		
		By Bank :	0.00		
* Cheque subject to realization		TOTAL		350.00	
Rupees..... Three Hundred and Fifty Only		For Dr. N.G.P. Arts and Science College			
		Easwari Authorised Signatory			



Dr. N.G.P Arts and Science College (Autonomous)
(An Institution of Kovai Medical Center Research & Educational Trust)
(Re-accredited with 'A' Grade by NAAC & Affiliated to Bharathiar University)
Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: **26**

1. Name of the Candidate: **S. Priyadharshini.**
2. Register No : **151CI035**
3. Course of Study : **B. com (Information Technology)**
4. Branch : **Commerce.**
5. Semester, Month & Year of Examination : **IV, April- May 2017.**
6. Subject for which Revaluation applied: **Networking Management.**

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1.	150CI43B	Networking Management	12	17	29	Re-Appeal

7. Particulars of fees paid: i) Amount : **350**
ii) Receipt No. with Date : **2200 (07-06-2017)**

8. Remarks of the HOD

She may be considered

Signature of the Candidate

S. priyadharshini

Signature of the HOD

Department of Commerce With IT
Dr. N.G.P. Arts & Science College
Coimbatore - 641 048

Station: **Coimbatore.**

Date : **08-06-2017**

Signature of the COE

Dr. N. BALUSWAMI
Controller of Examinations
Dr. N.G.P Arts and Science College (Autonomous)
Dr. N.G.P Kalapatti Road, Coimbatore - 641 048.



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore

Re-Accredited by NAAC with 'A' Grade

Dr. N.G.P. - Kalappatti Road, Coimbatore - 641 048.

Ph. : 0422 - 2369100, 2369253, Fax : 0422 - 2369206

Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. : 2200		MISCELLANEOUS FEES		Date : 07/06/2017	
Name : PRIYADHARSHINI.S.		Time : 03:10:39 PM		Roll No. : 151c1035	
Course : III BCOM IT		Batch :			
Period :					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	350.00			
Bank Details(if any) -		RECEIPT			
		Fine :	0.00		
		By Cash :	350.00		
		By Bank :	0.00		
* Cheque subject to realization		TOTAL		350.00	
Rupees..... Three Hundred and FiftyOnly.					
For Dr. N.G.P. Arts and Science College					
..... Easwari Authorised Signatory					



Dr. N.G.P Arts and Science College (Autonomous)
(An Institution of Kovai Medical Center Research & Educational Trust)
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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: 20

1. Name of the Candidate: L. Karthick
2. Register No : 151CA019
3. Course of Study : BCA
4. Branch : computer Application
5. Semester, Month & Year of Examination : iv - Semester
April - 2017
6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1	15UCA43A	Operating Systems	15	21	36	Fail

7. Particulars of fees paid: i) Amount : 350
ii) Receipt No. with Date : 2192 / 07/06/2017.

L. Karthick
Signature of the Candidate

8. Remarks of the HOD

Recommended
R, N

Station: Coimbatore

Date : 7.6.2017

R, N
Signature of the HOD

Head of the Department
Department of Computer Applications
Dr. N.G.P Arts & Science College
Coimbatore-641035

Signature of the COE

Dr. N. BALUSWAMI

Controller of Examinations

Dr. N.G.P Arts and Science College (Autonomous)
Dr. N.G.P Kalapatti Road, Coimbatore - 641 048.



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: 52

1. Name of the Candidate: K. HARI KRISHNAN
2. Register No : 151CR017
3. Course of Study : B.COM (C-S) (C.A)
4. Branch : CORPORATE SECRETARSHIP
5. Semester, Month &
Year of Examination : III NOV 2016
6. Subject for which Revaluation applied: NMEC (Security in computing)

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
	<u>15VED34M</u>	<u>SECURITY IN COMPUTING</u>	<u>-</u>	<u>13</u>	<u>13</u>	<u>RA</u>

7. Particulars of fees paid: i) Amount : 350
ii) Receipt No. with Date : 9037

8. Remarks of the HOD

Consider to
Revalue the paper

K. Hari
Signature of the Candidate

Dr. D. PARAMATHI,
M.Com, M.Phil., PG.D.C.A., M.C.A., LL.B., Ph.D.,
HEAD, Department of Corporate Secretaryship
Dr. N.G.P. Arts & Science College,
Kalapatti, Coimbatore.

Station: Coimbatore

Date : 28/12/16

Signature of the COE





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Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. :

Date :

Name : 9037

MISCELLANEOUS FEES

Time : 28/12/2016

Course

HARIKRISHNAN K

Roll No. :

Period

II BCOM(CS) CA A

Batch

01:30:14 PM

151CR017

Sl. No.

PARTICULARS

AMOUNT (₹)

1

REVALUATION

350.00

Bank Details(if any)

Fine : 0.00

By Cash : 350.00

By Bank : 0.00

TOTAL

* Cheque subject to realization

For Dr. N.G.P. Arts and Science College

Rupees

Three Hundred and Fifty Only

Authorised Signatory

Easwari



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Dr. N.G.P – Kalapatti Road, Coimbatore – 641 048.

APPLICATION FOR REVALUATION

App. No: 93 ✓

1. Name of the Candidate: *Ronaldo Antony Philip . P*

2. Register No : *151CM145*

3. Course of Study : *B. com*

4. Branch : *Commerce with CA*

5. Semester, Month &

Year of Examination : *II, November, 2016*

6. Subject for which Revaluation applied: *Statistics for Business*

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
<i>3</i>	<i>15UMA2AC</i>	<i>Statistics for Business</i>	<i>9</i>	<i>30</i>	<i>39</i>	<i>RA</i>

7. Particulars of fees paid: i) Amount : *350*

ii) Receipt No. with Date : *9100 - [Date - 29/12/2016]*

Signature of the Candidate

8. Remarks of the HOD *— He got very less internal marks. so he is fail*

Signature of the HOD

M. [Signature]
29/12/16

Head of the Department
Department of Commerce (CA)
Dr. N.G.P. Arts & Science College
COIMBATORE-641 035

Station: *Coimbatore*

Date : *29/12/2016*

Signature of the COE





Dr. N.G.P. ARTS AND SCIENCE COLLEGE

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Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. : 9100 MISCELLANEOUS FEES Date : 29/12/2016

Name : RONALDO ANTONY PHILIP P
Course : II BCOM(CA) B
Period : -

Time : 03:00:42 PM
Roll No. : 151CM145
Batch : -

Sl. No.	PARTICULARS	AMOUNT (₹)
1	REVALUATION	350.00
Bank Details(if any)		
-		
Fine		0.00
By Cash		350.00
By Bank		0.00

* Cheque subject to realization

TOTAL 350.00

Rupees Three Hundred and Fifty Only.

For Dr. N.G.P. Arts and Science College

GOMATHI

Authorised Signatory



Dr. N.G.P Arts and Science College (Autonomous)
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Dr. N.G.P - Kalapatti Road, Coimbatore - 641 048.

APPLICATION FOR REVALUATION

App. No: 76 ✓

1. Name of the Candidate: R. Jucithra Devi.

2. Register No : 151BC054.

3. Course of Study : B.Sc.

4. Branch : Biochemistry.

5. Semester, Month &

Year of Examination : III, November - 2016.

6. Subject for which Revaluation applied:

S.No	Subject Code	Subject	Marks Secured			Result
			CA	CE	Total	
1)	15UMA3AC	Basic Mathematics	16	14	30	RA.

7. Particulars of fees paid:

i) Amount : 350

ii) Receipt No. with Date : 9067 - 29/12/16.

R. Jucithra Devi.
Signature of the Candidate

8. Remarks of the HOD

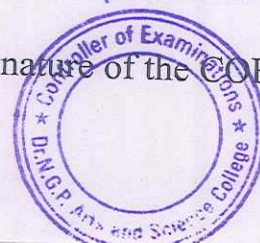
Please kindly evaluate the specified subject's answer sheet.

J. Balasubramanian
Signature of the HOD
Dr. J. Balasubramanian, M.Sc., Ph.D.,
Assistant Professor & Head
Department of Biochemistry
Dr. N.G.P. Arts & Science College
(Autonomous), Coimbatore - 641 048

Station: Coimbatore

Date : 29/12/16.

Signature of the COE





Dr. N.G.P. ARTS AND SCIENCE COLLEGE

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Ph. : 0422 - 2369100, 2369253, Fax : 0422 - 2369206

Website : www.drngpasc.ac.in E-mail : drngparts@kmch.ac.in

RCT. No. : 9067		MISCELLANEOUS FEES		Date : 29/12/2016	
Name : SUCITHRA DEVI R		Time : 09:04:06 AM		Roll No. : 151bc054	
Course : II BSC BIOCHEMISTRY		Batch :			
Period :					
Sl. No.	PARTICULARS	AMOUNT (₹)			
1	REVALUATION	350.00			
Bank Details(if any)		-			
		Fine : 0.00			
		By Cash : 350.00			
		By Bank : 0.00			
* Cheque subject to realization		TOTAL		350.00	
Three Hundred and Fifty Only					
Rupees		For Dr. N.G.P. Arts and Science College			
.....		SUCITHRA Authorised Signatory			