

VIRUDHUNAGAR S. VELLAICHAMY NADAR POLYTECHNIC COLLEGE (AUTONOMOUS)
(Affiliated to Directorate of Technical Education, Chennai - 25)
VIRUDHUNAGAR - 626 001.

01 / 06 /2019

CIRCULAR

The Candidates who want Xerox Copy of their valued Answer Scripts for theory papers of End Examinations held in April 2019 can apply on Payment of **Rs.100/-** per paper in the prescribed form, available in the polytechnic office or downloaded from polytechnic website. The last date for applying Xerox Copy is **07/06/2019 (Friday)**.

The Candidates who received Xerox Copy of their Answer Scripts can **only** apply for Revaluation in the prescribed form if he / she needs the same. The fees for Revaluation is **Rs. 400/ -** per paper. The last date for applying Revaluation is **14/06/2019 (Friday)**.

C.O.E.

**PRINCIPAL & CHAIRMAN
AWARDS COMMITTEE**

Copy to :

All HODs, C.O.E, System Administrator,
CM2, CM4, O.S, Exam Clerk, Cashier & File.
All Notice Boards.

VAUCV- 12

VIRUDHUNAGAR S.VELLAICHAMY NADAR POLYTECHNIC COLLEGE(AUTONOMOUS)
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VIRUDHUNAGAR – 626 001.

END EXAMINATIONS APRIL / OCTOBER 20

APPLICATION REQUESTING XEROX COPY OF ANSWER SCRIPT

1. Name of the Candidate :
2. Father's Name :
3. Programme of study :
4. Register Number :
5. Scheme :
6. Name of the Course for which
Xerox copy is required :
7. Code Number of Question Paper :
8. External Marks Obtained (Out of 75) : / **75**
9. Amount paid : **Rs.100 /-**
Receipt Number :
Date :

Station :

Date :

Signature of the Candidate

(For Office use only)

Endt.No.F60 / C3 / _____ Dated _____

1. Forwarded
2. The particulars furnished by the applicant in column 1 to 9 have been verified and found correct.
3. The request by the applicant may be considered.

Office seal and date

**PRINCIPAL & CHAIRMAN
AWARDS COMMITTEE**

ACKNOWLEDGEMENT

I have received the Xerox Copy of my answer script bearing code number _____
Containing _____ written papers.

Station :

Date :

Signature of the Candidate

VAUCV- 13

VIRUDHUNAGAR S.VELLAICHAMY NADAR POLYTECHNIC COLLEGE(AUTONOMOUS)
(Affiliated to Directorate of Technical Education, Chennai –25)
VIRUDHUNAGAR – 626 001.

END EXAMINATIONS APRIL / OCTOBER 20

APPLICATION FOR REVALUATION OF ANSWER SCRIPT

1. Name of the Candidate :
2. Father's Name :
3. Programme of study :
4. Scheme :
5. Register Number :
6. Name of the Course for which
Revaluation is required :
7. Code Number of Question Paper :
8. External Marks Obtained (Out of 75) : / **75**
9. Whether received the Xerox copy of
the answer script : **YES / NO**
10. Amount paid : **Rs.400 /-**
Receipt Number :
Date :

Station :
Date :

Signature of the Candidate

(For Office use only)

Endt.No.F60 / C3 / _____ Dated _____

1. Forwarded
2. The particulars furnished by the applicant in column 1 to 10 have been verified and found correct.
3. The request by the applicant may be considered.

Office seal and date

**PRINCIPAL & CHAIRMAN
AWARDS COMMITTEE**

Note: Separate application should be submitted for each paper.