



ANNA UNIVERSITY, CHENNAI – 600 025.

Office of the Additional Controller of Examinations (University Departments)

***APPLICATION FOR REVIEW OF ANSWER SCRIPT -***

**Session – April / May 2017**

Campus : CEG / MIT / ACT/ SAP  
Name of the student :  
Register Number :  
Programme : B.E./ B.Tech / B.Arch /M.E./ M.Tech/  
M.Sc./ M.Arch / M.Plan  
Branch :  
Semester :  
Course Code :  
Title of the subject :

Date :

Signature of the student

Recommended by : Head of the Department  
with seal

CASH

**INDIAN BANK**

MIT EXTN COUNTER, CHROMEPEET, CHENNAI-600 044.  
(Banker's Copy)

Remitted to The Registrar, Anna University

Student's Fee A/c. No. : **963387083**

Campus : MIT

Name of Student :

Roll No. :

Degree / Branch :

Semester :

S. No.	Fee Particulars	Amount	
		Rs.	P.
1.	Examination Fee-Regular		
2.	Examination Fee-Arrear		
3.	Revaluation Fee		
4.	Fine		
5.	Others (Specify)		
	Total		

(Rupees ..... only)

Date : Signature of Remitter

Received the above sum of Rs. .... /- (inwords)

Rupees .....

Date & Seal of the Bank

Manager/Acct.

CASH

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