



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

STATE BANK OF INDIA

Anna University Branch, Chennai - 600 025.

(Banker's Copy)

Remitted to The Registrar, Anna University

Account No. : 30152268360

Campus :

Roll No. :

Name of Student :

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.-/-

Rupees.....

Date & Seal of the Bank

Manager/Acct.

CASH

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