



OFFICE OF THE CONTROLLER OF EXAMINATIONS
APPLICATION FOR TRANSPARENCY APR/MAY 2017 EXAMINATIONS

1.	Name of the Candidate	:	
2.	Register Number	:	
3.	Department	:	
4.	Mobile No	:	

Subject details for which transparency is required :

Sl. No.	Subject Code	Semester	Subject Name	Grade
1				
2				
3				
4				
5				

Signature of the Candidate

Signature of the Class Advisor

Signature of the HoD

Station:

Date:

Note:

1. Submit this form to class advisor on or before **06.Jul.2017** along with payment challan without fail. Applications received after the due date will not be accepted.