ANNEXURE - I



ANNA UNIVERSITY CHENNAI - 25

| College Code | | | | | | | | | | | | |
|--|----|--|----|-------|------|-------|----------|----|--|--|----|--|
| College Name | | | | | | | | | | | | |
| Register Number | | | | | | | | | | | | |
| Name of the Candidate | | | | | | | | | | | | |
| Degree | | | | | | | | | | | | |
| Branch | | | | | | | Semester | | | | | |
| Question Paper Code | | | | | | | | | | | | |
| Subject Code | | | | | | | | | | | | |
| Subject Name | | | | | | | | | | | | |
| Date | DD | | MM | YY | | Sessi | on | FN | | | AN | |
| No. of Pages used | | | | In we | ords | | | | | | | |
| All particulars given above by me are verified and found to be correct | | | | | | | | | | | | |
| Signature of the Student with date | | | | | | | | | | | | |

For Office Use Only

| Instructions to the Candidate: Put Tick mark (✓) for the questions attended in the tick mark column against each question | | | | | | | | | | | | | | |
|--|---|-----------------------|----------------------|------------|------|-------|-------|---------------------------|---------------------------|-------|----------------|-------------|--|--|
| PART – A | | | PART – B & C | | | | | | | | | | | |
| Question | | | (i) | (i) | (ii) | (ii) | (iii) | (iii) | Total | 1 | | | | |
| No. | ✓ | Marks | Questi | estion No. | | Marks | ✓ | Marks | ✓ | Marks | Total Marks | Grand Total | | |
| 1 | | | 11 | а | | | | | | | | (in words) | | |
| 2 | | | | b | | | | | | | | | | |
| 3 | | | 12 | а | | | | | | | | | | |
| 4 | | | | b | | | | | | | | | | |
| 5 | | | 13 | а | | | | | | | | | | |
| 6 | | | | b | | | | | | | | | | |
| 7 | | | 14 | а | | | | | | | | | | |
| 8 | | | | b | | | | | | | | | | |
| 9 | | | 15 | а | | | | | | | | | | |
| 10 | | | 13 | b | | | | | | | | Grand Total | | |
| | | | 16 | а | | | | | | | | | | |
| | | | | 16 | b | | | | | | | | | |
| Total | | | | | | | | | | | | | | |
| Declaration by the Examiner: Verified that all the questions attended by the student are valued and the total is found to be correct | | | | | | | | | | | | | | |
| | | Name of the Evernines | | | | | | Signature of the Eveniner | | | | | | |
| Date | | | Name of the Examiner | | | | | | Signature of the Examiner | | | | | |