
 Estd : 1984	<p style="text-align: center;">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	CONTROLLER OF EXAMINATION	

S.No	Format Name	Format. No	Rev. No	Date
1.	Academic Schedule	COE-01	0	01.04.2025
2.	Individual Course wise Consolidated Attendance	COE-02	0	01.04.2025
3.	Overall Attendance Report	COE-03	0	01.04.2025
4.	Student Attendance Shortage Details	COE-04	0	01.04.2025
5.	Medical Leave Application Form	COE-05	0	01.04.2025
6.	Application for Withdrawal from Examination	COE-06	0	01.04.2025
7.	Application for authorised break of study	COE-07	0	01.04.2025
8.	Course wise Internal marks	COE-08	0	01.04.2025
9.	Individual Course wise Consolidated Internal marks statement	COE-09	0	01.04.2025
10.	Hall Ticket	COE-10	0	01.04.2025
11.	Panel of Experts for Question Paper Setting	COE-11	0	01.04.2025
12.	Question Paper Scrutiny Report	COE-12	0	01.04.2025
13.	End Semester Examinations – Valuation	COE-13	0	01.04.2025
14.	Application for receiving Photocopy of Answer Script	COE-14	0	01.04.2025
15.	Application for Revaluation of Answer Script	COE-15	0	01.04.2025
16.	Malpractice Report by Student	COE-16	0	01.04.2025
17.	Malpractice Report by Hall Invigilator / Squad	COE-17	0	01.04.2025
18.	Malpractice Enquiry Proceedings	COE-18	0	01.04.2025
19.	Application for issue of replacement of grade certificate	COE-19	0	01.04.2025
20.	Application for issue of duplicate certificate	COE-20	0	01.04.2025



KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL



ACADEMIC SCHEDULE



Ref:

ODD / EVEN SEMESTER

Programme	Reg	Sem.	Commencement of Classes	CA Test – 1 / Project Review – 1	CA Test – 2 / Project Review – 2	CA Test – 3 / Project Review – 3	Semester Last Working Day	Commencement of End Semester Examinations		Commencement of Next Semester Classes (Tentative)
								Practical / Project	Theory	

CONTROLLER OF EXAMINATIONS

PRINCIPAL

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	INDIVIDUAL COURSE WISE CONSOLIDATED ATTENDANCE	

Programme & Branch:								Academic year:			
Semester:								Section:			
Reg. No.	Name of the Student	ATTENDANCE IN PERCENTAGE									Number of Courses in which the student has less than 60% attendance
		Course Code	Course Code	Course Code	Course Code	Course Code	Course Code	Course Code	Course Code	Course Code	
Signature of Course Faculty(s)											

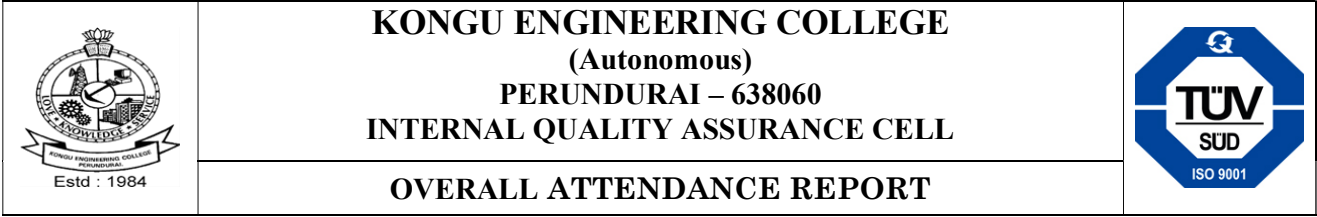
Course Code and Name:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

CLASS ADVISOR

ACADEMIC COORDINATOR

HOD





OVERALL ATTENDANCE REPORT

[illegible]

CLASS ADVISOR

ACADEMIC COORDINATOR

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p align="center">STUDENT ATTENDANCE SHORTAGE DETAILS (Students having less than 80 % of attendance)</p>		

Programme:					Academic Year:		No. of Working Days:	
Branch :					Semester:			
Sl. No	Register Number	Name of the student	Attended		No. of days applied for Medical Leave (Medical Certificate Enclosed)	Percentage of Attendance considering Medical leave	No. of times the student permitted to write earlier examinations on medical grounds (Specify Semester no.)	Approved / Not Approved for appearing current semester examinations (To be filled by Principal)
			Days	%				
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
								APPROVED / NOT APPROVED
Recommendation by the HOD								
HOD						PRINCIPAL		





<p style="text-align: center;">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL MEDICAL LEAVE APPLICATION FORM</p>



1.	Register Number	
2.	Name of the Student	
3.	Degree, Branch and Section	
4.	Semester No. and Academic Year	
5.	Medical Leave availed so far (in days) in this semester	
6.	Medical Leave Particulars	
	a) Reason for Medical Leave	
	b) Number of Days	
	c) Period	1. From.....To..... 2. From.....To.....
	d) Name, Address and Registration Certificate No. of the Doctor	

Date: _____ Signature of the Student _____

Verified the enclosed Medical Certificate and other Particulars	Recommendations by the HOD
Signature of the Class Advisor	Signature of the HOD

 <p>Kongu Engineering College Perundurai Estd : 1984</p>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	APPLICATION FOR WITHDRAWAL FROM EXAMINATION	

1.	Month & Year of Examination for which withdrawal requested			
2.	Register Number			
3.	Name of the Student			
4.	Degree & Branch			
5.	Current Semester			
6.	Reason for withdrawal			
7.	Whether applied for withdrawal in earlier semester examination, if yes Month and Year.			
8.	Courses for which the withdrawal requested			
Sem	Course Code	Course Name	Date of Examination	Percentage of Attendance
9.	Over all Percentage of Attendance			

Date:



Signature of the Student

Recommendation by the Class Advisor <div style="text-align: right;">Signature of the Class Advisor</div>	Recommendation by the HOD <div style="text-align: right;">Signature of the HOD</div>
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COE	Permission accorded / Not accorded Principal
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INSTRUCTIONS

1. A student may, for valid reasons, be granted permission to withdraw from appearing for the examination in any course or courses of only one semester examination during the entire duration of the degree programme. Application for withdrawal is permitted only once.
2. Withdrawal application shall be valid only if the student is otherwise eligible to write the examination and is made to the Principal prior to the last examination of that semester recommended by the Head of the Department.
3. Withdrawal shall not be treated as an attempt for the purpose of classification.
4. Withdrawal is permitted for the end semester examinations in the final semester. However, the student is **not eligible for First class with Distinction**.

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>APPLICATION FOR AUTHORISED BREAK OF STUDY</p>		

1.	Register No.	
2.	Name of the student	
3.	Mobile Number	
4.	Programme and Branch	
5.	Current Semester	
6.	Year of admission to the 1 st Semester	
7.	Regulation under which the student got admission to the 1 st Semester	
8.	Semester, Duration & Period for which the Break of study is sought for	Semester : Duration : Period: From _____ To _____
9.	The Academic Year and Session during which the student proposes to rejoin and continue the course	Academic Year: Session : Odd / Even
10.	Whether the remaining period after rejoining the course is adequate to complete the course as per Regulations	Yes / No
11.	Specify reasons for the request of break of study (Relevant Certificate is to be enclosed for that period)	Medical ground / If other than medical, specify
12.	Details of the arrear courses from the previous semesters to be completed (if any, Add separate sheets if necessary) (Mark sheets of the completed semesters are to be enclosed)	
13.	Details of break of study availed previously if any	Semester: From _____ To _____
14.	Details of prevention due to lack of attendance (if any) during the course of study till the date of application for Break of Study	Semester:

Date: _____		Signature of the Student _____	
Recommendation by the Class Advisor		Recommendation by the HOD	
Name and Signature of the Class Advisor _____		Signature of the HOD _____	
OS / Admission Section		REGISTRAR	
COE		Approved / Not Approved	
		PRINCIPAL	



**KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL**





COURSEWISE INTERNAL MARKS	
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[illegible]

COURSE FACULTY

ACADEMIC COORDINATOR

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	INDIVIDUAL COURSE WISE CONSOLIDATED INTERNAL MARKS STATEMENT									
Programme & Branch:								Academic year:		
Semester:								Section:		
Reg. No.	Name of the Student	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60	Course Code Out of: 40/50/60
Signature of Course Faculty(s)										



Course Code and Name:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

CLASS ADVISOR

ACADEMIC COORDINATOR

HOD

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p>END SEMESTER EXAMINATIONS – MONTH & YEAR</p>	

HALL TICKET



Register Number		Student Photo
Name of the Student		
Date of Birth		
EMIS ID		
UMIS ID		
Programme		
Branch		

Semester	Course Code	Course Name	Date & Session	Invigilator Sign



Note:

1. A printed copy of your Hall Ticket is mandatory to appear in the examinations.
2. You are informed to strictly refrain from any form of misconduct inside the examination hall. Also, the punishments will be imposed on the student caught engaging in malpractice, under the examination rules. To view the examination rules, use the link: <https://coe.kongu.edu/examrules.php>

CONTROLLER OF EXAMINATIONS

 <p>Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	
	<p align="center">PANEL OF EXPERTS FOR QUESTION PAPER SETTING</p>	

Month & Year of Examinations : Department : Programme & Branch : Semester : Course Code and Name :									
Sl. No	Name with Designation	Qualification (Highest Degree)	Specialisation	Total Teaching Experience in years (Engineering College only)		Date of Joining at KEC	Number of times handled previously	Currently handling the subject Yes / No	Mobile number
				UG	PG				
1									
2									
3									
4									
5									
<p align="right">SIGNATURE OF CHAIRMAN BOS</p>									



 <p>Kongu Engineering College Perundurai Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <p align="center">QUESTION PAPER SCRUTINY REPORT</p>																																																												
Month and Year of Examination: MONTH / YEAR																																																													
Regulations:	Programme:	Branch:	Semester:																																																										
Course Code:		Question Paper Reference No:																																																											
Course Name:																																																													
Name, Designation and Department of the Scrutiniser:																																																													
S.No	Description			Remarks																																																									
1	Regulations, Programme, Branch, Semester, Course Code and Course Name are verified			Yes / No																																																									
2	Question paper conforms to syllabus and Question paper format			Yes / No																																																									
3	The syllabus of this course is included in the GATE syllabus			Yes / No																																																									
4	If Yes, the number of Part – A questions asked from previous GATE examinations																																																												
5	Distribution of Questions as per question paper format <table border="1" data-bbox="267 913 1323 1123"> <tr> <td data-bbox="267 913 397 955">Part – A</td> <td data-bbox="397 913 568 955">Question No</td> <td data-bbox="568 913 649 955">1</td> <td data-bbox="649 913 730 955">2</td> <td data-bbox="730 913 812 955">3</td> <td data-bbox="812 913 893 955">4</td> <td data-bbox="893 913 974 955">5</td> <td data-bbox="974 913 1055 955">6</td> <td data-bbox="1055 913 1136 955">7</td> <td data-bbox="1136 913 1218 955">8</td> <td data-bbox="1218 913 1299 955">9</td> <td data-bbox="1299 913 1323 955">10</td> </tr> <tr> <td data-bbox="267 955 397 997"></td> <td data-bbox="397 955 568 997">Unit No.</td> <td colspan="2" data-bbox="568 955 730 997"></td> <td colspan="2" data-bbox="730 955 893 997"></td> <td colspan="2" data-bbox="893 955 1055 997"></td> <td colspan="2" data-bbox="1055 955 1218 997"></td> <td colspan="2" data-bbox="1218 955 1323 997"></td> </tr> <tr> <td data-bbox="267 997 397 1039" rowspan="3">Part – B</td> <td data-bbox="397 997 568 1039" rowspan="2">Question No</td> <td colspan="2" data-bbox="568 997 730 1039">11</td> <td colspan="2" data-bbox="730 997 893 1039">12</td> <td colspan="2" data-bbox="893 997 1055 1039">13</td> <td colspan="2" data-bbox="1055 997 1218 1039">14</td> <td colspan="2" data-bbox="1218 997 1323 1039">15</td> </tr> <tr> <td data-bbox="568 1039 649 1081">a</td> <td data-bbox="649 1039 730 1081">b</td> <td data-bbox="730 1039 812 1081">a</td> <td data-bbox="812 1039 893 1081">b</td> <td data-bbox="893 1039 974 1081">a</td> <td data-bbox="974 1039 1055 1081">b</td> <td data-bbox="1055 1039 1136 1081">a</td> <td data-bbox="1136 1039 1218 1081">b</td> <td data-bbox="1218 1039 1299 1081">a</td> <td data-bbox="1299 1039 1323 1081">b</td> </tr> <tr> <td data-bbox="397 1039 568 1081">Unit No.</td> <td data-bbox="568 1039 649 1081"></td> <td data-bbox="649 1039 730 1081"></td> <td data-bbox="730 1039 812 1081"></td> <td data-bbox="812 1039 893 1081"></td> <td data-bbox="893 1039 974 1081"></td> <td data-bbox="974 1039 1055 1081"></td> <td data-bbox="1055 1039 1136 1081"></td> <td data-bbox="1136 1039 1218 1081"></td> <td data-bbox="1218 1039 1299 1081"></td> <td data-bbox="1299 1039 1323 1081"></td> </tr> </table>			Part – A	Question No	1	2	3	4	5	6	7	8	9	10		Unit No.											Part – B	Question No	11		12		13		14		15		a	b	a	b	a	b	a	b	a	b	Unit No.											Yes / No
Part – A	Question No	1	2	3	4	5	6	7	8	9	10																																																		
	Unit No.																																																												
Part – B	Question No	11		12		13		14		15																																																			
		a	b	a	b	a	b	a	b	a	b																																																		
	Unit No.																																																												
6	The questions are equally distributed covering the whole syllabus in each unit			Yes / No																																																									
7	The marks assigned to each division / subdivision question are mentioned against each question.			Yes / No																																																									
8	The CO and Bloom's level are mentioned against each question			Yes / No																																																									
9	The same Bloom's Taxonomy level are maintained in either / or questions with same mark weightage.			Yes / No																																																									
10	All datas, symbols and diagrams are checked			Yes / No																																																									
11	Grammatical errors Spellings are checked			Yes / No																																																									
12	The list of permitted data books, data sheets etc., and instructions to the candidates if any are indicated in the Question Paper			Yes / No																																																									
13	Repetition of Questions checked			Yes / No																																																									
14	Overall standard of the question paper after scrutiny:			Below average / Average / High																																																									
15	Whether the examiner can be Recommended / Not Recommended for the future question paper setting.																																																												
Remarks about the question paper and suggestion for improvement:																																																													
Date:		Signature of the Scrutiniser																																																											
Certify that the Scrutinised question paper is correct in all respects. I also certify that none of my wards / relatives not appearing for this examination. (To be certified after final proof reading)																																																													
Date:		Signature of the Scrutiniser																																																											



Course Code & Name:

Name of the Scrutiniser:

[illegible]



Signature of the Scrutiniser

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL END SEMESTER EXAMINATIONS – VALUATION												
List of Examiners and Allotment of Answer Scripts													
Programme & Branch:		Month & Year of Examinations:											
Chief Examiner:		Valuation Phase: 1/2/3/.....											
Domain Reviewer – 1:	Course Code:												
Domain Reviewer – 2:	Course Code:												
Domain Reviewer – 3:	Course Code:												
External Examiner : Name & Designation: Address: Email id: Phone Number :	1.	2.											
		3.											
Tabulators:													
Sem.	Course Code	Course Name	Total No. of Scripts	Name and Designation of the Examiner	No. of Answer Scripts Allotted								
					Date		Date		Date		Date		
					FN	AN	FN	AN	FN	AN	FN	AN	
				1.									
				2.									
				3.									
				1.									
				2.									
				3.									
				1.									
				2.									
				3.									
Name of the Data Entry Operators:													
Signature of Chief Examiner													

 Estd : 1984	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI, ERODE - 638 060 INTERNAL QUALITY ASSURANCE CELL	RV		
APPLICATION FOR REVALUATION OF ANSWER SCRIPT (One Application is to be used for all Courses)				
Application Number	RID PID:	Date of Apply		
Register Number		Roll Number		
Name of the Student				
Contact No.				
Programme & Branch				
Batch				
Month & Year of Examination				
No. of Courses applied				
Courses to be Revalued				
Sem	Course Code	Course Title	ESE Marks	Grade
Particulars of Fees paid				
Amount in Rs.		Receipt No.	Date of Payment	
Bank account details for refund (if any): The account given here should be in the name of the respective student.				
Name as per bank record				
Bank Account Number				
IFSC Number				
Name of the Bank				
Branch				



Date:

Signature of the Student

 <p>Kongu Engineering College Estd : 1984</p>	KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL	
	MALPRACTICE REPORT BY STUDENT	



END SEMESTER EXAMINATIONS – MONTH / YEAR

S.No	Details	To be filled by the Student
1	Register Number	
2	Name of the Student	
3	Programme & Branch	
4	Semester (Presently studying)	
5	Date and Session of the Examination	
6	Hall No	
7	Course Code & Course Name	
8	Nature of Malpractice	
9	Any Other Comments	
<p align="right">Signature of the Student</p>		
<p>Signature of the Hall Invigilator / Squad Member</p>		<p>Signature of the Chief Superintendent</p>

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>		<p>MALPRACTICE REPORT – HALL INVIGILATOR / SQUAD</p>

END SEMESTER EXAMINATIONS – MONTH / YEAR

S.No	Details	To be filled by the Invigilator / Squad
1	Name of the Hall Invigilator	
2	Designation / Department	
Details of the Malpractice		
3	Name of the Student	
4	Register Number	
5	Programme & Branch	
6	Date and Session	
7	Course Code & Course Name	
8	Semester	
9	Hall Number	
10	Nature of Malpractice	
11	The student copied the content from Mobile Phone / Smart watch	Yes / No
10	Detailed Report	
<p style="text-align: right;">Signature of the Hall Invigilator / Squad</p>		
<p style="text-align: right;">Signature of the Chief Superintendent</p>		

 <p>Kongu Engineering College Estd : 1984</p>	<p align="center">KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p> <hr/> <p align="center">MALPRACTICE ENQUIRY PROCEEDINGS</p>	
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End Semester Examinations – Month / Year

I. Enquiry conducted by the following Disciplinary Committee for Autonomous Examinations May 2024 – Phase I.

1. Chairman, Disciplinary Committee / Designation / Department
2. Disciplinary Committee Member 1 / Designation / Department
3. Disciplinary Committee Member 2 / Designation / Department

II. Date of Enquiry :

III. Name of the Student :

IV. Register No. :

V. Branch :

VI. Nature of Malpractice :

VII. Date of Examination :

VIII. Course Code & Name :

Enquiry Proceeding

1. Question: Whether this bit /electronic device was actually recovered from you at the time of the End Semester Examinations?

Reply:

2. Question: Whether the handwriting found on the bit shown to you is your own writing?

Reply:

3. Question: Did you make use of the information written on this bit /electronic device while writing the examination?

Reply:

4. Question: Do you agree that you have committed a malpractice of processing the bit / electronic device at the time of examination?

Reply:

5. Question: Whether you have involved in malpractices earlier during the End Semester Examinations?

Reply:

6. Question: Do you want to say anything to the committee? if yes give details.

Reply:

7. Question to the student by the committee:

Are you satisfied about the conduction of the enquiry?

Reply:



8. Remarks by the Committee:

Signature of the Student

Signature Member 1

Signature Member 2

Signature of Chairman

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	APPLICATION FOR ISSUE OF REPLACEMENT OF GRADE CERTIFICATE		

Statement of Grades	<input type="checkbox"/>	Mode of payment	DD / Cash
Consolidated Statement of Grades	<input type="checkbox"/>	Amount	Rs.
		DD / Cash Receipt No.	
		Date	

1.	Register Number				
2.	Name of the Student				
3.	Degree & Branch				
4.	If applying for replacement Statement of Grade, write the Month and Year of Exam for which replacement Statement of Grade is required				
5.	If applying for replacement Consolidated Statement of Grade, write the Month and Year of last appearance in which qualified for the degree				
6.	Reason for applying replacement certificate				
7.	Whether the prescribed Affidavit has been enclosed				
8.	Postal address to which the certificate is to be sent (applicable for passed out students)				
9.	Contact address with phone number and e-mail ID				

Place:

Date:

Signature of the Student

FOR OFFICE USE ONLY								
Original Certificate	1	2	3	4	5	6	7	8
Folio No								
Date of Issue								

Replacement Certificate	1	2	3	4	5	6	7	8
Folio No								
Date of Issue								

Date on which DD was remitted to Bank:

Controller of Examinations

INSTRUCTIONS

1. Replacement certificate will be issued only when certain discrepancies identified in the issued certificate or partially mutilated.
2. Application should be made only by the student in the prescribed format and should be sent to the Controller of Examinations. Application received on behalf of the student will not be accepted.
3. The following documents should be enclosed along with the application
 - (a) An affidavit as per the specimen be typed on an Rs.20 /- non judicial stamp paper should be duly executed before the Competent Authority (Notary Public/HOD).
 - The affidavit should be signed in the presence of Notary Public if the student is not a student of this college at the time of applying.
 - The affidavit should be signed in the presence of Head of the department if the candidate is a student of this college at the time of applying.
 - (b) Original Grade Statement / Consolidated Grade Statement for which replacement is required.
 - (c) The demand draft / receipt for the fee (if applicable).
 - (d) Self addressed A4 size cloth lined cover (applicable for passed out students).
4. Application should be complete in every respect. Failure to furnish correct details may cause delay in the issue of the replacement certificate.
5. The fee for the issue of
 - i) Statement of Grades – Rs. 200 /- per statement
 - ii) Consolidated Statement of Grades – Rs. 400 /-
6. The fee should be paid in the college office or in the form of demand draft in favour of “Kongu Engineering College, Autonomous Account” payable at Perundurai / Erode.
7. Fees once paid will not be refunded nor adjusted for any other certificate under any circumstances.

AFFIDAVIT

Affidavit of Mr. / Ms.....

1. ISon / Daughter of agedyears, studied / studyingDegreeBranch with Register number at Kongu Engineering College, Perundurai, Erode – 638 060 and residing at do hereby solemnly and sincerely state as follows
2. My Statement of Grades* (Folio No.:) / Consolidated Statement of Grades* (Folio No.:) issued by Kongu Engineering College (Autonomous) relating to the Examinations held during has been mutilated / certain discrepancies.
3. I file this affidavit for the purpose of receiving replacement certificate(s).
4. I am returning the original certificate to the College.
5. Once I receive the replacement Certificate, I will not use the copy of the earlier issued Certificate(s) (as per the details in point number 2) for any purpose.
6. The facts stated are true and correct to the best of my knowledge and if found false by the College, I shall abide by the decision of the College.

Place:

Date:

Signature of the Student

Solemnly affirmed

at(place)

this.....day of(date)



and his / her signature is affixed in my presence

Signature of the Notary Public/HOD*

Address:

Office Seal

* Strikeout which is not applicable

 <p>KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL</p>	<p align="center">APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE</p>		

Statement of Grades	<input type="checkbox"/>
Consolidated Statement of Grades	<input type="checkbox"/>

Mode of payment	DD / Cash
Amount	Rs.
DD / Cash Receipt No.	
Date	

1.	Register Number				
2.	Name of the Student				
3.	Degree & Branch				
4.	If applying for duplicate Statement of Grade, write the Month and Year of Exam for which Duplicate Statement of Grade is required				
5.	If applying for duplicate Consolidated Statement of Grade, write the Month and Year of last appearance in which qualified for the degree				
6.	Circumstances under which the certificate was lost				
7.	Whether the prescribed Affidavit has been enclosed				
8.	Postal address to which the certificate is to be sent				
9.	Contact address with phone number and e-mail ID				
Place:					
Date: Signature of the Student					

FOR OFFICE USE ONLY								
Original Certificate	1	2	3	4	5	6	7	8
Folio No								
Date of Issue								

Duplicate Certificate	1	2	3	4	5	6	7	8
Folio No								
Date of Issue								

Date on which DD was remitted to Bank:	Controller of Examinations
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INSTRUCTIONS

4. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
5. Application should be made only by the student in the prescribed format and should be sent to the Controller of Examinations directly. Application received on behalf of the student will not be accepted.
6. The following documents should be enclosed along with the application
 - (e) An affidavit as per the specimen be typed on an Rs.20 /- non judicial stamp paper should be duly executed before the Notary Public.
 - (f) Photocopy of the Grade Statement / Consolidated Grade Statement for which duplicate is required (if available).
 - (g) The demand draft / receipt for the fee.
 - (h) Non traceable certificate from Police.
 - (i) Self addressed A4 size cloth lined cover.
6. Application should be complete in every respect. Failure to furnish correct details may cause delay in the issue of the duplicate.
7. The fee for the issue of
 - iii) Statement of Grades – Rs. 200 /- per statement
 - iv) Consolidated Statement of Grades – Rs. 400 /-
8. The fee should be paid in the college office or in the form of demand draft in favour of “Kongu Engineering College, Autonomous Account” payable at Perundurai / Erode.
9. Fees once paid will not be refunded nor adjusted for any other certificate under any circumstances.
10. Duplicate Statement of Grades / Consolidated Statement of Grades is to be surrendered to the College immediately if the Original Statement of Grades / Consolidated Statement of Grades is recovered.

AFFIDAVIT

Affidavit of Mr. / Ms.....

1. ISon / Daughter of agedyears, studied / studyingDegreeBranch with Register number at Kongu Engineering College, Perundurai, Erode – 638 060 and residing at do hereby solemnly and sincerely state as follows
2. My Statement of Grades* (Folio No.:) / Consolidated Statement of Grades* (Folio No.:) issued by Kongu Engineering College (Autonomous) relating to the Examinations held during has irrevocably been lost / destroyed.
3. I file this affidavit for the purpose of receiving duplicate certificate(s).
4. I will return immediately the duplicate certificate(s) to the College once my Original Certificate(s) is / are recovered by chance.
5. The facts stated are true and correct to the best of my knowledge and if found false by the College, I shall abide by the decision of the College.

Place:

Date:

Signature of the Student

Solemnly affirmed

at(place)

this.....day of(date)

and his / her signature is affixed in my presence

Signature of the Notary Public

Address:

Office Seal

* Strikeout which is not applicable