



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

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 | | | | | |
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CONTROLLER OF EXAMINATIONS

PRINCIPAL

| | | |
|---|---|---|
|  KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <i>Estd : 1984</i> | INDIVIDUAL COURSE WISE CONSOLIDATED ATTENDANCE |  |
|---|---|---|

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

Course Code and Name:

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

CLASS ADVISOR

ACADEMIC COORDINATOR

HOD



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



CLASS ADVISOR

ACADEMIC COORDINATOR

HOD

| | | |
|---|--|---|
|  KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <i>ESTD : 1984</i> | STUDENT ATTENDANCE SHORTAGE DETAILS (Students having less than 80 % of attendance) |  |
|---|--|---|

| Programme: | | | | Academic Year: | | No. of Working Days: | |
|---------------------------|--------------------|---------------------|----------|----------------|---|--|--|
| Branch : | | | | Semester: | | | |
| Sl. No | Register Number | Name of the student | Attended | | 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 |
| | | | | | | | APPROVED / NOT APPROVED |
| Recommendation by the HOD | | | | HOD | | | |
| | | | | PRINCIPAL | | | |



KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI – 638060
INTERNAL QUALITY ASSURANCE CELL
MEDICAL LEAVE APPLICATION FORM



| | | |
|----|--|--|
| 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 | |



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 |
| | | | | |
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| | | | | |
| 9. | Over all Percentage of Attendance | | | |

Date:

Signature of the Student

| | |
|-------------------------------------|---------------------------|
| Recommendation by the Class Advisor | Recommendation by the HOD |
| Signature of the Class Advisor | Signature of the HOD |

| | Permission accorded / Not accorded |
|-----|------------------------------------|
| COE | Principal |

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**.



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

APPLICATION FOR AUTHORISED BREAK OF STUDY



| | | |
|-----|--|---|
| 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 | |
| OS / Admission Section | REGISTRAR |
| Approved / Not Approved | |
| COE | |
| PRINCIPAL | |



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



COURSEWISE INTERNAL MARKS

COURSE FACULTY

ACADEMIC COORDINATOR

HOD

| | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---|--|--|--|--|--|--|--|--|--|--|
|  Estd : 1984 | KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL | | | | | | | | | |  ISO 9001 | | | | | | | | | | |
| 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 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| Signature of Course Faculty(s) | | | | | | | | | | | | | | | | | | | | | |

Course Code and Name:

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

CLASS ADVISOR

ACADEMIC COORDINATOR

HOD

| | |
|--|---|
|  KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL END SEMESTER EXAMINATIONS – MONTH & YEAR |  |
|--|---|

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 |
|----------|-------------|-------------|----------------|------------------|
| | | | | |
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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



KONGU ENGINEERING COLLEGE

(Autonomous)

PERUNDURAI – 638060

INTERNAL QUALITY ASSURANCE CELL

PANEL OF EXPERTS FOR QUESTION PAPER SETTING



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(Engineeri ng 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 | | | | | | | | | |

SIGNATURE OF CHAIRMAN BOS



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

QUESTION PAPER SCRUTINY REPORT



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 | | | | | | | | | | 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 |
|-------|------------------------------|

EDITED / CORRECTED / MODIFIED QUESTIONS

Page ____ of ____

Course Code & Name:

Name of the Scrutiniser:

Signature of the Scrutiniser



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. | | | | | | | | |
| Name of the Data Entry Operators: | | | | | | | | | | | | |
| Signature of Chief Examiner | | | | | | | | | | | | |



KONGU ENGINEERING COLLEGE
(Autonomous)
PERUNDURAI, ERODE - 638 060
INTERNAL QUALITY ASSURANCE CELL

PC

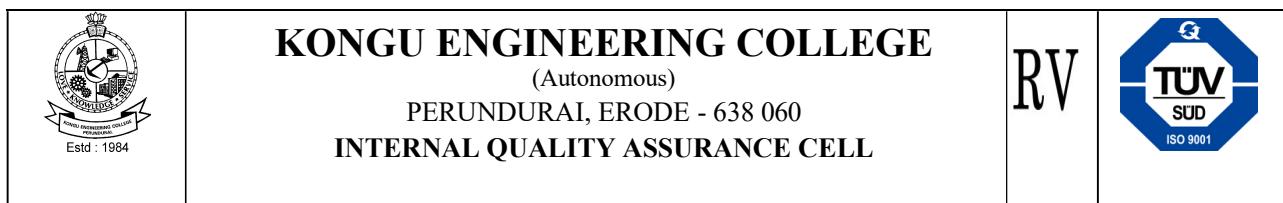


APPLICATION FOR RECEIVING PHOTOCOPY OF ANSWER SCRIPT

(One Application is to be used for all Courses)

Date:

Signature of the Student

**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



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 | |

Signature of the Student

| | |
|--|---------------------------------------|
| Signature of the Hall Invigilator / Squad Member | Signature of the Chief Superintendent |
|--|---------------------------------------|

| | | |
|---|---|---|
|  KONGU ENGINEERING COLLEGE Autonomous PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL Estd : 1984 | KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL MALPRACTICE REPORT – HALL INVIGILATOR / SQUAD |  TUV SUD ISO 9001 |
|---|---|---|

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 | |

Signature of the Hall Invigilator / Squad

Signature of the Chief Superintendent

| | |
|--|---|
|  KONGU ENGINEERING COLLEGE (Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL <hr/> MALPRACTICE ENQUIRY PROCEEDINGS |  |
|--|---|

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



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

**APPLICATION FOR ISSUE OF REPLACEMENT OF
GRADE CERTIFICATE**



| | |
|----------------------------------|--------------------------|
| 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 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 aged years, 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)

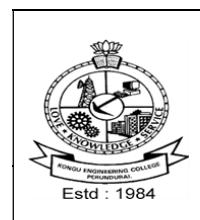
and his / her signature is affixed in my presence

Signature of the Notary Public/HOD*

Address:

Office Seal

* Strikeout which is not applicable



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



APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

| | |
|----------------------------------|--------------------------|
| 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

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 aged years, 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