

KONGU ENGINEERING COLLEGE(Autonomous)

(Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL



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



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ACADEMIC SCHEDULE



Ref:									
ODD / EV	EN S	SEME	ESTER						
Programme	Reg	Sem.	Commencement of Classes	$\begin{array}{c} \text{CA Test} - 1 / \\ \text{Project Review} - 1 \end{array}$	$\begin{array}{c} \operatorname{CA}\operatorname{Test}-2 / \\ \operatorname{Project}\operatorname{Review}-2 \end{array}$	CA Test – 3 / Project Review – 3	Semester Last Working Day	Commencer End Semester Ex Practical / Project	Commencement of Next Semester Classes (Tentative)
					(
						r			

CONTROLLER OF EXAMINATIONS

PRINCIPAL



(Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL



INDIVIDUAL COURSE WISE CONSOLIDATED ATTENDANCE

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

Course Code and Name:

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OVERALL ATTENDANCE REPORT

Progra	mme & Branch	1;			Acader	nic Year:
Semest	ter:				Section	n:
S.No.	Register No	Name of the Student	No. of working days	No. day atten	of vs ded	Attendance Percentage
	l .					



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STUDENT ATTENDANCE SHORTAGE DETAILS

(Students having less than 80 % of attendance)



Prog	ramme:						Academ	ic Year:		No. of Working Days:
Bran	ich :						Semester:			
Sl. No	Register Number	Name of the student	Atter	nded %	Medical applied (Medical Enclosed) Days	Leave Certificate	consi	dance dering al 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)
			_ = 0.0		_ = 0.0 %					APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
										APPROVED / NOT APPROVED
Reco	mmendatio	on by the HOD								
						HOD				PRINCIPAL



1.

Register Number

KONGU ENGINEERING COLLEGE

(Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL



MEDICAL LEAVE APPLICATION FORM

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. FromTo
		2. FromTo
	d) Name, Address and Registration	
	Certificate No. of the Doctor	
Date	e:	Signature of the Student
	fied the enclosed Medical Certificate or Particulars	e and Recommendations by the HOD
	Signature of the Class Ac	dvisor Signature of the HOD



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APPLICATION FOR WITHDRAWAL FROM EXAMINATION

1.		ear of Examination for drawal requested							
2.	Register Nu	ımber							
3.	Name of the	e Student							
4.	Degree & B	ranch							
5.	Current Se	mester							
6.	Reason for	withdrawal							
7.		oplied for withdrawal in ester examination, if and Year.							
8.	Courses for	which the withdrawal req	quested						
Sem	Course Course Nan			e	Date of Examination	Percentage of Attendance			
9.	Over all De	rcentage of Attendance							
9.	Over all re	rcentage of Attendance							
Date:					Signature of	f the Student			
Recon	nmendation l	by the Class Advisor		Recommendation	by the HOD				
		Signature of the Class A	dvisor			ure of the HOD			
				Perm	ission accorded	Not accorded			
		COF			Prince	inal			

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**.



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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 1st Semester					
7.	Regulation under which the student got admission 1st Semester	on to the				
8.	Semester, Duration & Period for which the	Break of	Semester:			
	study is sought for		Duration:			
			Period: From To			
9.	The Academic Year and Session during which the	e student	Academic Year:			
	proposes to rejoin and continue the course		Session : Odd / Even			
10	Whether the remaining period after rejoining the is adequate to complete the course as per Regulat		Yes / No			
11	Specify reasons for the request of break (Relevant Certificate is to be enclosed for that per	-	Medical ground / If other than medical, specify			
12	Details of the arrear courses from the previous s to be completed (if any, Add separate sheets if ne (Mark sheets of the completed semesters are enclosed)	cessary)				
13	Details of break of study availed previously if any	7	Semester:			
14	Details of prevention due to lack of attendance	(if any)	From To Semester:			
	during the course of study till the date of applic Break of Study		Semester.			
Date			Signature of the Student			
Reco	mmendation by the Class Advisor	Recomme	endation by the HOD			
	Name and Ciometune of the Class Advisor		Ciomatuma of the HOD			
	Name and Signature of the Class Advisor		Signature of the HOD			
	OS / Admission Section		REGISTRAR			
			Approved / Not Approved			
	COE		PRINCIPAL			



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



COURSEWISE INTERNAL MARKS

Progra	mme & Branch	1:			Academi	ic Year:	
Semes	ter:				Section:		
Course	e Code & Name	:			L		
S.No	Register No	Name of the Student	CAT()	Assignm	ent()	Others ()	Total ()
							7

COURSE FACULTY

ACADEMIC COORDINATOR

HOD



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INDIVIDUAL COURSE WISE CONSOLIDATED INTERNAL MARKS STATEMENT

Programm	e & Branch:							Academic year:		
Semester:								Section:		
Reg. No.	Name of the Student	Course Code Out of: 40/50/60								
Signature	of Course Faculty(s)									

Course Code and Name:

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HALL TICKET

END SEMESTER EXAMINATIONS - MONTH & YEAR

Register	Number				
Name of	the Student				
Date of I	Birth			Stu	dent Photo
Degree					
Branch					
Semester	Course Code	Course Name	Date & Se	ession	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

SIGNATURE OF CHAIRMAN BOS



KONGU ENGINEERING COLLEGE

(Autonomous)

PERUNDURAI – 638060

INTERNAL QUALITY ASSURANCE CELL

PANEL OF EXPERTS FOR QUESTION PAPER SETTING

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TÜV
SÜD
ISO 9001

Mont	th & Year of Examinations	:							
Depa	rtment	:							
Progr	ramme & Branch	:							
Seme	ester	:							
Cour	se Code and Name	:							
Sl. No	Name with Designation	Qualification (Highest Degree)	Specialisation	Experi years(E	eaching ence in ngineeri ege only)	Date of Joining at KEC	Number of times handled previously	Currently handling the subject Yes / No	Mobile number
1									
2			70						
3									
4									
5			7						

Signature of the Scrutiniser



Date:

KONGU ENGINEERING COLLEGE

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QUESTION PAPER SCRUTINY REPORT

Month	ı and Yea	r of Examina	tion:	MON	TH /	YEAI	R						
Regulations:Programme:Branch:Semester:Course Code:Question Paper Reference No:									emester:				
Course	Code:					Que	estion	Paper	Refe	rence l	No:		4
Course	e Name:												
Name,	Designation	on and Depart	ment	of the	Scrut	iniser	:						
S.No						ription							Remarks
1	Regulatio verified	ns, Programm	e, Bra	ınch, S	Semes	ter, Co	ourse (Code a	and Co	ourse l	Vame	are	Yes / No
2										Yes / No			
3	The syllal	bus of this cou	rse is	includ	led in	the G	ATE sy	/llabu	\mathbf{s}				Yes / No
4 If Yes, the number of Part – A questions asked from previous GATE examinations													
5													
Part - A Question No 1 2 3 4 5 6 7 8 9 10													
	Unit No.												
Question No 11 12 13 14								15					
	Part – B	Unit No.	a	b	a	b	a	b	a	b	a	b	
6	The great	tions are equal	l. dia	+ib+	ad aarr	onin a	+ h o *** h	olo ar	ıllahır		oh	:+	Yes / No
	•												
7	each ques									menti	onea	agains	
8	The CO a	nd Bloom's lev	el are	ment	ioned	agains	st each	ques	tion				Yes / No
9		e Bloom's Ta ne mark weig		-	vel ar	e ma	intain	ied in	eith	er / o	r qu	estion	s Yes / No
10	All datas,	symbols and	diagra	ıms ar	e chec	ked							Yes / No
11	Grammat	ical errors Spe	ellings	are c	hecke	d							Yes / No
12		of permitted es if any are in							nd ir	struct	tions	to th	e Yes / No
13	Repetition	n of Questions	check	ed									Yes / No
14	Overall st	andard of the	quest	ion pa	per af	ter sci	rutiny:		В	elow a	verag	ge / Av	erage / High
	ks about t	he question pa	per a	nd sug	gestio	on for i	mprov	remen	t:				
Date: Signature of the Scrutiniser Contify that the Senutinised question paper is connect in all respects. Lake contify that page of my													
wards	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)												

EDITED /	CORRECTED / MODIFIED QUESTIONS	Page of
Course Cod		
Name of the	e Scrutiniser:	
Q. No	Question	Reason for Modification
	Sig	nature of the Scrutiniser



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PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL



Es	td: 1984		END SEM	IESTER EXAMINATIO	ONS – V	ALUA	TION				ISO 90	01
		-1	List of	Examiners and Allotment	of Answe	r Scrip	cs					
Progra	mme & Bra	nch:				M	onth & Y	ear of Ex	kaminatio	ons:		
Chief I	Examiner:					Va	luation I	Phase: 1/	2/3/			
Domaii	n Reviewer -	- 1:		Course Code:								
Domaii	n Reviewer -	- 2:		Course Code:								
Domai	n Reviewer -	- 3:		Course Code:								
Name Addres				2.		7	3.					
Tabula	tors:											
Sem.	Course	Course Name	Total	Name and Designation			No. of	Answer	Scripts A	Allotted		
	Code		No. of Scripts	of the Examiner	Date		Date		Date		Date	
			ocripts		FN	AN	FN	AN	FN	AN	FN	AN
			I ==	1.								
				2.								
				3.								
				1.								
				2.								
				3.								
				1.								
				2.								
				3.								
Name	of the Data	Entry Operators:	<u> </u>									
								S	Signatu	re of Cl	nief Exa	ıminer



(Autonomous) PERUNDURAI – 638060 ERNAL QUALITY ASSURANCE CEL

INTERNAL QUALITY ASSURANCE CELL APPLICATION FOR RECEIVING PHOTOCOPY OF



(One Application is to be used for all Courses)

			(One Applicat	ion is to be used for all (Courses)	
1.	Regis	ter Number				4
2.	Nam	e of the Student				
3.	Conta	act No.				
4.	Progr	ramme & Branch				
5.	Seme	ester No.				
6.	Mont	h & Year of Examir	nation			
7.	No. o	f Courses applied				
8.	Com	and four residuals. Disaste	ο ο στο το σε Α στο στο το στο στο στο στο στο στο στο	un Cominto Donnosto d		
0.	Cour	ses for which Photo	copy of Answe	er Scripts Requested		
Sen	nester	Course Code		Course Title	/	Grade Awarded
)		
9	Parti	culars of Fees paid				
		ount in Rs.		Receipt No.	Date of P	Payment.
	1 111				2400 01 1	
						_

Date:



(Autonomous) PERUNDURAI – 638060 INTERNAL QUALITY ASSURANCE CELL



APPLICATION FOR REVALUATION OF ANSWER SCRIPT

			(One A	Appl	icati	on is	to b	e us	sed f	or al	ll Co	urses	s)						
1.	Regis	ter Number																	
2.	Name	e of the Student																(
3.	Conta	act No.																	_
4.	Progr	ramme & Branch																	
5.	Seme	ester No.																	
6.	Mont	h & Year of Examir	nation																_
7.	No. o	f Courses applied																	
8	Cours	ses to be Revalued																	
Sem	nester	Course Code						Cou	urse	Titl	le							rade arde	
			A																
9	Parti	culars of Fees paid														I			_
		ount in Rs.				Rec	eipt	No.						Da	ate o	f Pay	mer	nt	
10.		account details for account given her					ie n	am	e of	the	res	pect	ive	stud	lent				
Nan		er bank record																	
Ban	k Acco	unt Number																	
IFSC Number																			
Name of the Bank																			
Bra	nch																		

Date:



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
Signa	ture of the Hall Invigilator / Squad M	



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MALPRACTICE REPORT – HALL INVIGILATOR / SQUAD

END SEMESTER EXAMINATIONS – MONTH / YEAR

S.No	Details	To be filled by the Invigilator / Squad
1	Name of the Hall Invigilator	
2	Designation / Department	
Detai	ls 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



examination?

Reply:

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



MALPRACTICE ENQUIRY PROCEEDINGS

End Semester Examinations - Month / Year

I.	Enquiry conducted by the 2024 – Phase I.	he following Disciplinary Committee for Autonomous Examinations May
	1. Chairman, Discip	olinary Committee / Designation / Department
	2. Disciplinary Com	mittee Member 1 / Designation / Department
	3. Disciplinary Com	amittee 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	I. Course Code & Name	
		Enquiry Proceeding
1.	Question: Whether this bit Semester Examinations? Reply:	/electronic device was actually recovered from you at the time of the End
2.	Question: Whether the han Reply:	dwriting found on the bit shown to you is your own writing?

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

Reply:

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

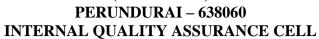
5.	Question: Examination Reply:		you	have	involved	in	malpractices	earlier	during	the	End	Semester
6.	Question: I Reply:	Oo you war	nt to s	ay any	thing to th	ie coi	mmittee? if yes	s give det	ails.			
7.	Question to Are you sat Reply:					e enc	quiry?					
8.	Remarks by	y the Com	mittee	e:								
									Sign	ature	of th	e Student
Sig	gnature Mei	mber 1			Signati	are N	Member 2	į	Signatu	re of	Chair	man

Controller of Examinations



KONGU ENGINEERING COLLEGE

(Autonomous) PERUNDURAI – 638060



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



								,	
Q.				7	Mode of p	payment	DD / Ca	ash	
Sta	tement of Grades				Amount		Rs.		,
~	11.1 . 1.0				DD / Casl	n Receipt No.			
Cor	nsolidated Statem	ent of Grad	es		Date				
			l						
1.	Register Number	r							
2.	Name of the Stu	dent							
3.	Degree & Brancl	h							
4.	If applying for write the Mont replacement Sta	th and Ye	ear of Exa						
5.	If applying for re of Grade, writ appearance in w	e the Mo	nth and						
6.	Reason for apply	ring replace	ment certif	ficate					
7.	Whether the pre	scribed Affi	idavit has b	oeen er	nclosed				
8.	Postal address to	which the	certificate	is to b	e sent				
	(applicable for pa	ssed out stu	dents)						
9.	Contact address	with phone	number a	nd e-m	ail ID				
	Place:				•				
	Date:						Sign	nature of th	e Student
			FOI	R OFF	ICE USE	ONLY		1	T
Ori	ginal Certificate	1	2	3	4	5	6	7	8
Foli	io No								
Dat	e of Issue								
Ren	lacement	_				_			
Cer	tificate	1	2	3	4	5	6	7	8
Foli	io No								
Dat	e of Issue								
Dat	te on which DD wa	as remitted	to Bank:						

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

Af	fidavit of Mr. / Ms
1.	ISon / Daughter of age
	years, studied / studyingDegreeBranch with Registe
	number
	at
	follows
2.	My Statement of Grades* (Folio No.:
	Consolidated Statement of Grades* (Folio No.:) issued by Kong
	Engineering College (Autonomous) relating to the Examinations held during
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,
	shall abide by the decision of the College.
Pla	ace:
	te: Signature of the Student
So	lemnly affirmed
at	(place)
thi	isday of(date)
an	d his / her signature is affixed in my presence Signature of the Notary Public/HOD*
	Address:
	Office Seal

* Strikeout which is not applicable



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APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

Statement of Grades					Mode of payment		DD / Cash			
					Amount		Rs.			
Consolidated Statement of Grades					DD / Ca	sh Receipt No.				
001	isondated Stateme	on Grades			Date					
1.	Dominton March on									
	Register Number									
2.	Name of the Student									
3.	Degree & Branch									
4.	If applying for d									
	the Month and Year of Exam for which Duplicate Statement of Grade is required									
5.	If applying for degrade, write the									
	in which qualified									
6.	Circumstances u	nder which the	certific	cate wa	as lost					
7.	Whether the prescribed Affidavit has been enclosed									
8.	Postal address to	which the cert	ificate	is to b	e sent					
9.	Contact address with phone number and e-mail ID									
		•								
	Place:									
	Date:						Sigr	nature of th	e Student	
			FOR	ROFF	ICE USI	E ONLY				
Original Certificate		1 2	2	3	4	5	6	7	8	
Folio No										
Dat	e of Issue									
D.	1: 4 0 4:6: 4	1 /	<u> </u>		1 4				0	
Duplicate Certificate		1 2	2	3	4	5	6	7	8	
Folio No										
Date of Issue										
Dat	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

Af	Affidavit of Mr. / Ms						
1.	1. ISon / Daughter of	aged					
	years, studied / studyingDegreeBranch	with Register					
	number at Kongu Engineering College, Perundurai, Erode – 638 060	and residing					
	at	cerely state as					
	follows						
2.	2. My Statement of Grades* (Folio No.:)					
	Consolidated Statement of Grades* (Folio No.:) issue	d by Kongu					
	Engineering College (Autonomous) relating to the Examinations h	ield during					
3.	3. I file this affidavit for the purpose of receiving duplicate certificate(s).						
4.	4. I will return immediately the duplicate certificate(s) to the College once my Original Certare recovered by chance.	rtificate(s) is					
5.	5. The facts stated are true and correct to the best of my knowledge and if found false by shall abide by the decision of the College.	the College, l					
	Place: Signature of the Stude	nt					
Dε	Date: Signature of the Stude	110					
So	Solemnly affirmed						
at	at(place)						
th	thisday of(date)						
an	and his / her signature is affixed in my presence Signature of the Notary Pub	lic					
	Address:						
	Office Seal						

* Strikeout which is not applicable