



OFFICE OF THE CONTROLLER OF EXAMINATIONS
BISHOP HEBER COLLEGE (AUTONOMOUS), TIRUCHIRAPPALLI – 17

Application to appeal beside declared Results

End Semester Examinations Nov. / April Year: _____

Registration No.:

Date:

Name :

Department :

Semester :

Sl.No.	Course Code	CIA Mark	ESE Mark	Total	Correction Need (put \surd)	
					CIA	ESE
					CIA	ESE
					CIA	ESE
					CIA	ESE

Signature of the Student

For COE Office use

Remarks :

Staff Initial:

COE Initial :