



OFFICE OF THE CONTROLLER OF EXAMINATIONS

BISHOP HEBER COLLEGE (AUTONOMOUS),

TIRUCHIRAPPALLI – 17.

Application To Appeal Beside Declared Results

End Semester Examinations Nov. / April Year: _____

Date:

Register No. :

Name :

Mobile No. :

Department :

Semester :

Sl.No.	Course Code	Marks secured in this semester			Correction Need (put ✓)	
		CIA Mark	ESE Mark	Total	CIA	ESE
					CIA	ESE
					CIA	ESE
					CIA	ESE
					CIA	ESE

Signature of the Student

For COE Office use

Remarks : Data transfer / Entering the data / Correction need from the faculty.

Staff Initial:

COE Initial:

Remarks from the Course Teacher:

Date:

Signature of the course teacher

Forwarded by HOD

Name: