



HINDUSTHAN COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)
COIMBATORE-641 028
OFFICE OF THE CONTROLLER OF EXAMINATION

Exam Application Requisition form

Candidate Name:

Register Number:

Department :

I have paid the College fee dues for I/II/III/IV/V/VI Semester, sum of Rs_____.Receipt number_____.Please issue the Exam application.

Forwarded:

Signature of the student

HOD Signature with seal

Sign.from fee counter

COE