



ST. XAVIER'S COLLEGE (AUTONOMOUS), PALAYAMKOTTAI
CONTROLLER OF EXAMINATION

APPLICATION FOR DUPLICATE MARK STATEMENT/CONSOLIATED MARK STATEMENT

COURSE	MAJOR	REGISTER NO.	MARK SHEET NO.

1. **Name of the Candidate with initials in English** :
(Block Letters)

2. **Sex: Male/ Female** :

3. **Month and Year of Passing** :

4. **Address for Communication** :

5. **Mobile No.** :

6. **Email. ID** :

7. **Aadhaar No.** :

8. **Details of Lost/Damaged Mark Statement** :

Lost / Damage :

9. **Payment Details**

Amount	Challan No.	Date

Enclosure: **Copy of Consolidated Mark Statement**
Copy of Aadhaar Card
ID Proof
Original Mark Statement (If damaged)
FIR Copy
Advertisement Copy of the daily News Paper

Date:

Signature of the Candidate

Office Seal & Date

CONTROLLER OF EXAMINATIONS