

TKM College of Engineering, Kollam (Govt. Aided and Autonomous)

Form – E3

Application Form to avail the service of Scribe

1.	Name of the candidate [in capital letters]	:	 		
2.	Register Number/Roll No.	:	Affix recent		
3.	Programme	:	passport size/stamp size		
4.	Semester	:	photo here		
5.	Branch	:			
6.	Course[s] / Subject[s] for which the service of scribe is needed	:			
	(i)				
	(ii)				
	(iii)				
	(iv)				
	(v)				
	(vi)				
	DECLARATION				
	I hereby declare that the information fu	urnished above is true and correct.			
Place:					
Date:		Signature of Candidate:			
Counte	ersigned by the HoD:				

DECLARATION FORM FOR SCRIBES

1. Name and Address of	the scribe [in capital letters	·] :	ļ
0 0 . (5)			Affix recent passport size/stamp size photo here
2. Date of Birth		:	
3. Details of educational	qualifications/ examination	ns appeared:	
Name and Register No for whom the scribe is a		:	
5. Specimen signature of	the scribe	:	
	DECLARATION		
I hereby declare that the info for any examinations other th the Examination Manual.			
Place:			
Date:		Signature of Scribe:	
	Counte	ersigned by the DCoE:	



TKM College of Engineering, Kollam (Govt. Aided and Autonomous)

Form – E4

APPLICATION FORM FOR REVIEW (UG)

Name of Student	:
Register Number	:
Programme	:
Mobile No	:
Name of Exam (as in portal)	:
Course Code	:
Course Name	:
Branch	:
Email ID	:
Date of publication of Revaluation result	:
Account details of student	
Account No. Name of bank	:
IFSC	:
Branch	:
Dec	claration
	after the review, I will not be eligible for refund o e an option for a valuation / re-evaluation afte
Date:	Signature and Name of Student:

Recommendation by Faculty member

I hereby certify that I have evaluated the answer book of Sri./Smtwith Registe No.of (Course name and code) and based on my evaluation I recommend that (s)he is eligible to get marks sufficient for a pass / for a change of grade (strike out which is not applicable). Tabulation sheet after my evaluation is attached herewith.			
Recommended by:			
Signature, Name, ID			
Endorsement by HoD:			
Checklist: ☐ Application for review (completely filled up and signed) ☐ Recommendation by faculty member (completely filled up and signed) ☐ Tabulation sheet for review (completely filled up and signed) ☐ Proof of fee paid			

TABULATION SHEET FOR FACULTY WHO RECOMMENDS FOR REVIEW

Name of Student:			Register Number		
Course code:			Course Name:		
Alpha Numeric	code:				
Name of faculty:			ID:		
Evaluation by recommending faculty			to be filled in by Recommending faculty		
Question No.	Maximum Marks	Mark to be awarded	Remarks		
Signature:					
Total mark :(in words:					

Signature, Name, ID & Designation