

## ST MARY'S COLLEGE (AUTONOMOUS), THRISSUR-20

## APPLICATION FOR CONSOLIDATED MARKLIST AFTER CLEARING SUPPLEMENTARY EXAMINATION

		:			
Address & Contact Number		:			
Name of the Department		:			
Programme &Year of Study :					
Register Number		:			
E-mail ID		:			
Details of Examination	n passed	:			
Semester			SGPA	GRADE	
Semester I					
Semester II					
Semester III					
Semester IV					
Semester V					
Semester VI					
Semester VII					
Semester VIII					
Details of Fee Remit	ted	:			
Transaction 1	ID	Date	Amount	Name of remitter	
		<u>DECL</u>	ARATION		
I declare that the declare	tails furnis	hed above are	correct to the best of	of my knowledge.	
Place: Date:				Signature of the Can	ıdidate
	Address & Contact N Name of the Departm Programme & Year of Register Number E-mail ID Details of Examination  Semester Semester II Semester III Semester IV Semester VI Semester VI Semester VII Details of Fee Remit  Transaction II  I declare that the details  Place:	Name of the Department Programme & Year of Study Register Number E-mail ID Details of Examination passed  Semester   Month Pa Semester II Semester III Semester IV Semester VI Semester VI Semester VIII Details of Fee Remitted  Transaction ID  I declare that the details furnis Place:	(IN BLOCK LETTERS) Address & Contact Number : Name of the Department : Programme & Year of Study : Register Number : E-mail ID : Details of Examination passed :  Semester   Month & Year of Passing   Semester II   Semester III   Semester IV   Semester V   Semester V   Semester VI   Semester VII   Semester VIII   Details of Fee Remitted :  Transaction ID   Date    DECLA  Place:	Address & Contact Number : Name of the Department : Programme & Year of Study : Register Number : E-mail ID : Details of Examination passed :  Semester   Month & Year of Passing   Semester II   Semester II  Semester IV  Semester V  Semester V  Semester VII Semester VIII Details of Fee Remitted :  Transaction ID   Date   Amount    DECLARATION  I declare that the details furnished above are correct to the best of Place:	(IN BLOCK LETTERS) Address & Contact Number : Name of the Department : Programme & Year of Study : Register Number : E-mail ID : Details of Examination passed :  Semester   Month & Year of   SGPA   GRADE   Passing   Semester II   Semester II   Semester III   Semester IV   Semester V   Semester V   Semester V   Semester VII   Semester VIII   Details of Fee Remitted :  Transaction ID   Date   Amount   Name of remitter    DECLARATION   I declare that the details furnished above are correct to the best of my knowledge.