

From
Name of the Candidate
Name of the College
and address

To
The Controller of Examinations
The Tamil Nadu Dr. M.G.R. Medical University,
Chennai – 600032

Sir,

Application for the Issue of Xerox copy/ies of answer scripts.

I have failed in the following subject (s) in the University theory examinations conducted by the Tamil Nadu Dr. M.G.R. Medical University, during the examination held in.....

1. Register Number :
2. Name of the Course :
3. Subject(s) :
4. Whether passed the Clinical/
Practical examination in the subject :
5. Marks obtained in theory examinations :
6. Candidate should write the reason in his/her own handwriting for obtaining the xerox copy/ies of answer scripts.

I request you to furnish my xerox copy/ies of answer scripts of the above subject(s). I am enclosing the following documents required.

Enclosure :-

- i. Payment of fees of Rs.1000/- (Rupees one thousand only) per paper remitted to the University through RTGS/NEFT.
- ii. Xerox copy of the mark sheet.

Yours faithfully,

Date:
Place:

(Candidate's Signature)

ENDORSEMENT

I certify that
studying/studied in.....
is eligible to obtain the xerox copy/ies of answer scripts as per the University guidelines,
of the failed subjects.

I certify that the above candidate has passed in Practical/Clinical examination in
the failed subject.

Signature of the Principal/Dean with college seal