

FRANCIS XAVIER ENGINEERING COLLEGE

An Autonomous Institution

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Office of the Controller of Examinations

PROFORMA - RI

ANSWER PAPER WRAPPER REGISTRATION FORM

DATE:

REGISTER	NUMBER:
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STUDENT NAME :

DEPARTMENT:

REGULATION:

YEAR & SEM :

SL.NO	SEM	COURSE CODE	COURSE NAME	AMOUNT IN
1.				
2.				
3.				
4.				
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TOTAL				

STUDENT SIGNATURE