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#27, Thayanur, Tiruchirappalli - 620009

**Office of the Controller of Examinations
Claim for Conducting Practical Examination**

Date(s)	Course Code	Course Title	No. of Candidates Regd.	No. of Candidates Examined

External Examiner:

Ref. No. of the Appointment Order						
Name				Bank A/C No.		
Designation				Bank		
Department				Branch		
Institution Name and Address				IFSC Code		
				PAN No.		
				Mobile No.		
Rem. (₹)		AIE (₹)		Total (₹)		Signature

Internal Examiner:

Ref. No. of the Appointment Order				
Name				Bank A/C No.
Designation				Bank and Branch
Department				IFSC Code
Rem. (₹)				Signature

Skilled Assistant:

Name				Bank A/C No.
Bank and Branch				IFSC Code
Rem. (₹)				Signature

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Verified By

Assistant

Deputy Controller of Examinations

Controller of Examinations