

Sl.No:



**KALASALINGAM**

Academy of Research and Education  
DEEMED TO BE UNIVERSITY

Estd.U/S 3 of UGC Act 1956, Accredited by NAAC with "A" Grade

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**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**APPLICATION FORM FOR IMPROVEMENT EXAMINATIONS –**

**April/May \_\_\_\_/Nov/Dec \_\_\_\_**

Student's Name : Register Number :

Course : Branch/Specialization :

Year : Section :

Course Name and Code:

S.No	Course Code	Name of the Course	Sem	Core / Elective	Grade obtained previously	Remarks (Office Use only)
1.						
2.						
3.						

(Student's Signature with date)

Forwarded by (the Faculty Advisor):

**Approved by Departmental Committee Members:**

S.No	Name of the Members	Signature of the Members
1.		
2.		
3.		

Signature of HoD

-----FOR OFFICE USE ONLY-----

**Approved / Not Approved**

**Total Amt to be paid**

**Controller of Examination**

**LAST DATE OF SUBMISSION:**