**Form No:F16**

**Issue No:01**

**Date: 09.12.2021**

**K.L.N. COLLEGE OF ENGINEERING, POTTAPALAYAM**

**(An Autonomous Institution, Affiliated to Anna University)**

**EXAM MANAGEMENT CELL**

**B.E. / B.Tech /M.E/ M.B.A/ M.C.A Degree Courses**

**CIT-I/II/III/Model (ODD/EVEN SEMESTER 20 - 20 )**

Department of -----------------------------------------------

Answer script verification Report

Regulations: Year/Semester/Section: / / /

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| **S. No.** | **Date**  **of**  **Exam** | **Branch** | **Subject Code &Subject Name** | **Roll**  **Number** | **PART A** | **PART**  **B** | **PART**  **C** | **Total**  **Marks**  **---- marks** | **Remarks if any** | **Name of the course handler** |
| **The marks are awarded as allotted in the Question Paper (Put ✓mark)** | | |
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**Note:**

1. **5% of answer scripts to be verified by the Expert members**
2. **CIT Marks, Automation Entry and Assessment entry should be same**
3. **Entry of Marks in Assessment book to be verified by HODs /Directors**

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| **Name & Signature of the Expert member** | **HOD/Director** |
| 1. |  |
| 2. |  |