

SCRIBE SUPPORT PROVIDED FOR APPEARING IN EXAMINATION

Sl. No	REGISTER NUMBER	NAME	DEPARTMENT	YEAR
1	15119920	ATUL SOHAN	B.A.LLB (HONS)	NOVEMBER 2019
2	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	NOVEMBER 2019
3	19229109	YASVARISHI P	M.Sc. VISUAL COMMUNICATION	NOVEMBER 2019
4	19146101	TILAK R	B.A.WESTERN CLASSICAL MUSIC	NOVEMBER 2019
5	18108129	MEENAKSHI S	B.Sc. VISUAL COMMUNICATION	NOVEMBER 2019
6	18108216	SEBASTIAN SRIHARI	B.Sc. VISUAL COMMUNICATION	NOVEMBER 2019
7	16105222	MOHAN RAJ A	BCA BACHELOR OF COMPUTER APPLICATION	MAY - 2019
8	15119920	ATUL SOHAN	B.A.LLB (HONS)	MAY - 2019
9	16604118	DINESH KUMAR R	B.E.MECHANICAL ENGINEERING	MAY - 2019
10	18108216	SEBASTIAN SRIHARI	B.Sc. VISUAL COMMUNICATION	MAY - 2019
11	17103109	HARI HARAN M	B.Com. COMPUTER APPLICATION	MAY 2018
12	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	MAY 2018
13	15118134	DINESH P	BA ENGLISH	MAY 2018
14	17604622	RAJA RAM V	BE MECHANICAL ENGINEERING	MAY 2018
15	18105411	GOPI K	BCA BACHELOR OF COMPUTER APPLICATION	NOVEMBER 2018
16	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	NOVEMBER 2018
17	18108216	SEBASTIAN SRIHARI	B.Sc. VISUAL COMMUNICATION	NOVEMBER 2018
18	14602134	SANTHOSH KUMAR K	BE COMPUTER SCIENCE AND ENGINEERING	NOVEMBER 2018
19	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	NOVEMBER 2017
20	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	MAY 2017
21	16107115	DHANAPRIYESH	B.Sc. BIOTECHNOLOGY	NOVEMBER 2016

Atul Sohan

V Year B.A. LL.B

Reg No:15119920

School of Law

Vels Institute of Science, Technology & Advanced Studies (VISTAS)

+91-9961778003

ATULSOHAN@GMAIL.COM

24-10-2019

Controller of Examinations

Vels Institute of Science, Technology & Advanced Studies (VISTAS)

Velan Nagar

P.V. Vaithiyalingam Road

Pallavaram

Chennai - 600 117

Tamil Nadu, India

Sir,

Sub:Request-Scribe-End of term Exam-permission sought -
Reg No:15119920.

I Am a dysgraphic with writers tremor.I was allowed the aid of a scribe for the previous exams on the basis of the medical board certificates.

I most humbly request that I be permitted the aid of a scribe this time too. Dysgraphia is a disability of a permanent nature and my condition has not improved the slightest bit from the last time.

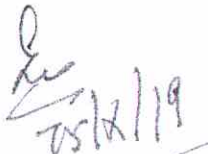
A blind welfare organization **LIT THE LIGHT**,Chennai has assured that they will help but will not be able to provide a single person for all the exams as they are volunteers with regular day jobs .

I most humbly request that any pre verification be done away with and I undertake that the person volunteering will not be law student nor be any one who could give me any undue advantage.

Sincerely,


Atul Sohan

Forwarded to COE
Vams
25/10/19


25/10/19

D.S. RAJASEKARAN, B.Sc., M.L.,
ADVOCATE & NOTARY PUBLIC

Office :
Plot No. 635, Door No. 23,
Dr. Ramasamy Salai,
K.K. Nagar, Chennai - 600 078.
Mobile : 98400 48665

Chamber :
No.24 & 318 Law Chambers,
High Court Buildings,
Chennai - 600 104.
E-mail : rajdslex@gmail.com

Date: 25.10.2019

To

The Hon'ble Registrar,
Vels University,
Pallavaram, Chennai-600117.

Respected Sir,

Sub: V.Rishika Mary, B.A., L.L.B. (Hons)
2018 - 22 - UP18G1190179 - Medical Leave - Knee
Surgery - Exemption - Request - Reg.

Ref: 1. V.Rishika Mary B.A., L.L.B. (Hons)
II Year - UP18G1190179
2. Exam Roll No.18119134
3. Medical Certificate from M/s.M.N.Ortho
Hospital

I am the guardian of Ms.Rishika Mary, studying B.A., L.L.B. (Hons) II year in your esteemed university had a severe ligament rupture in her right knee and was hospitalized for surgery on 22.10.2019 and she is advised bed rest for the period from 15.10.2019 to 15.11.2019 by the M.N.Orthopaedic Hospital.

Forwarded to COE

Vamb
25/10/19

[Signature]
25/10/19

(P.T.O.)



M.N. Orthopaedic Hospital

14, BANK STREET (OFF NEW AVADI ROAD)

KILPAUK, CHENNAI - 600 010.

INDIA



E-mail : mnorthohosp@gmail.com

Website : www.bonetumour.in

Phone : (044) 2644-1523

Chief Consultant

Consultant

Consultant

Consultant

Prof. Mayilvahanan Natarajan

Prof. K. Annamalai

Dr. RM. Alagappan

Dr. M.D. Kumar

M.S.Orth. M.Ch.Orth. (L'pool) Ph.D.

M.S.Orth. D.Orth.

M.S.Orth. M.Ch.Orth.

M.S.Orth.

24.10.19

MEDICAL CERTIFICATE

This is to certify that Ms. RISHIKA F/19 YRS.....

A'scopic

..... UNDERWENT ACL RECONSTRUCTION (R) KNEE

He/She is advised rest for... ONE MONTH (15.10.19 TO 15.11.19)

He/She is fit to join duty on 16.11.19


Senior Medical Officer

MR T M RAO

Rgn 47806

MNO4



From

D. Pugeshandi,
(F/o) P. Dhanepriyasu
(II. Bsc Bio Tech) Regn 16107115
No. 5, Suriya Avenue,
Chromepet, Chennai - 44
Contact No. 94452 93898

To The Registrar/Controller of Examination,
Vels University,
Chennai. 44.

Sub: Concession for scribe

Ref : 1. my letter dated 30/10/17
2. univ. ~~best~~ bonafide certificate dt. 31/10

Respected Sir,

We have gone to Regional Medical Board
Rajin Gandhi Hospital Chennai to examine
for scribe for his examination

The Regional medical board considered
my request and referred to the university
for further arrangement. (Board letter enclosed)

Based on his "National identity card and
Pass Book with disability certificate" the Jai Sobal
Gurudic National School, Tambaram has arranged
Scribe for SSLC & HSC examination. Similarly the
the board referred to the university for consideration.

I Request kindly provide the facility of Scribe
for his examination at your earliest.

Yours truly

18.11.2017,
Chennai - 44

Dr. P. P.

Scribe my
Dhanepriyasu
18/11/17

பற்றுச்சீட்டுப் படிவம்
(மூலப்படி)

நாள் 17.11.2017

ண்: கே 3357515

தழ் :

சலுத்தியவர் P. Dhana Priyess.

தொகை ரூ. 30 (ரூபாய் Thirty only. மட்டும்)

பணமாக/காசோலையாக (காசோலை எண்
நாள் வங்கி

கடிதம்/தகவல் விவரம் (இருப்பின்)

தொகை பெறப்பட்ட தற்கான காரணம் M. B. Peas

ஒப்பம்
புதவி. U. R. Rai

த.நா.க.ப. 102-50,000 Bks. அ.கி.அ., சேலம்-2015.

Finance and Accounts Office
Rajiv Gandhi Govt. General Hospital
Chennai-600 003

புற நோயாளிகள் சீட்டு

சேவை

REGIONAL MEDICAL BOARD
RAJIV GANDHI GOVT. GENERAL HOSPITAL
CHENNAI-600 003

அரசினர்.....

பெயர் : Dhana Priyesh

ஆண்/பெண்/வயது

நோயறிதல் :

நாள் : 17/11/17 நோய் குறிப்புகள் :

நேரம் :
ம.அ.
மதிப்பீட்டாளர்
பிரிவு செவிலியர்

pt doing
Bsc Biotechnology
11 yr. He wants
scribe for the exam.
He not has not got

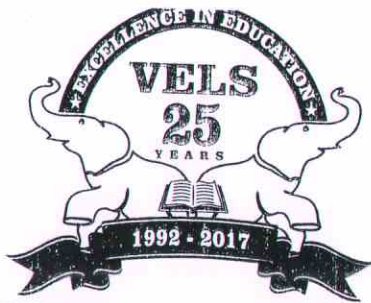
SENIOR CIVIL SURGEON

குறிப்பு:-இந்த சீட்டை பத்திரமாக வைத்துக்கொள்ளவும். மறுமுறை
பார்க்க.....கிழமை மாலை 3 மணிக்கு வரவும்.

மருத்துவ படிவம் 1-15, 1,00,00,000-அ.கி.அ.சேலம்.

Concessions in any
medical Board. Referent
to the university itself

Up
17/11/07
SENIOR CIVIL SURGEON
RAJIV GANDHI GOVT. GENERAL HOSPITAL
CH. 21-600 003



Dr. A.R.VEERAMANI,
M.A(Eco.), M.A(Pol. Sci.), B.L., M.Phil., Ph.D.
REGISTRAR

31.10.2017

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr.P.Dhanapriyesh**, is a bonafide student of Vels University studying II year B.Sc (Biotechnology) degree course. He has joined the said course during the academic year 2016 - 2017.

The Duration of the course is three years i.e., 2016- 2019.

This Certificate is issued for the purpose of requesting Scribe from Rajiv Gandhi Hospital medical board to write his semester examination.

REGISTRAR
REGISTRAR
VELS UNIVERSITY
(VISTAS)
Velan Nagar,
P.V. Vaithiyalingam Road,
Pallavaram, Chennai-600 117

From

D. Pugazhendhi,
F/o P.Dhanapriyesh,
B. Sc, Bio Tech. Second year,
Chromepet, Chennai-44.

To

The Registrar,
Vels University, Chennai.

Sub: Request – bona-fide certificate, to the submit Rajiv Gandhi Hospital, Chennai for scribe.

Sir,

My son P. Dhanapriyesh studying here, B. Sc Bio-Technology second year (Register No. 16107115). I wish to bring to your kind notice that P. Dhanapriyesh, aged 19 yrs is not a normal boy. He is struggling with mild mental retardation and dyslexia ailments. After medical examination, the State Commissioner for the welfare of Differently abled, Tamil Nadu, issued the "NATIONAL IDENTITY CARD AND PASS BOOK WITH DISABILITY CERTIFICATE" No. TN/KPM/MR/46729 Dt. 2.9.2011 and medical certificate (copies enclosed). Due to his poor concentration and inefficiency in legible writing skill, the Tamil Nadu government appointed a scribe to write his SSLC and H. Sc examinations.

The last year semesters we tried himself to write the examinations, unfortunately he could not perform the examinations as we expected. Since his in legible writing he could not scored even as minimum marks to pass in the previous semesters.

In view of the above, In order to get the facility of appoint scribe, he examined by the medical board. **The Chennai Rajiv Gandhi General Hospital medical board is demanding to bring bona-fide certificate and indicating with Hospital name and purpose.**

So, we request you to provide me a bona-fide certificate to submit to the medical board at Rajiv Gandhi Hospital Chennai at your earliest.

Chennai -44,
30, October, 2017.

Enclosures: As above

Yours Sincerely,

D. Pugazhendhi
(D. Pugazhendhi)

Kindly provide the scribe sir.
sub. G.M. 30/10/17

HOD
Dept. of Biotechnology
VELS UNIVERSITY
Pallavaram, Chennai-600 117
Forwarded to The Registrar.
K. Anitha
30/10/2017

Recommended & Forwarded
P. Michael
30/10/17
Dr. R. Dinakaran Michael
Dean of Life Sciences
University, Chennai

24/04/18

Chennai.

From

V. Rajaram, [ROLLNO: 17604622]

MAY-18

1st year (Part Time),
Mechanical Department,
Vels University.

Recommended
&
Forwarded
for scribe.

Sy Mani 24/4/18
Dr. C. Dharmaraj
Mech / Heat,
PT / comb. etc.

yes, permitted
24/4/18

To

The Controller of Examination,
Vels University,
Chennai - 600117.

Respected Sir,

[Sub: Requisition for a ^{scribe} scrap writer for writing
-my semester exams due to my medical illness]

On 17th April 2018, I met with a like
accident which led to a fracture on my right
collar bone. Though I've prepared well I am
unable to write my exam, so kindly permit
me to use a SCRAP WRITER to write all my
2nd semester exams. I've also enclosed the details
of the scrap writer and my medical illness
certificate for your verification.

Thank You,

Yours faithfully,

closed: ① Scribe - choice - Ms. V. Suganya.
② Medical Reports.

for V. Amultha
Mother

9940401395

Examination

9008399846

From

P. Ajinesh

IIIrd B.A English

Vels Institute of Science Technology
and Advanced Studies
Pallavaram.

15118134

4/5/2018

MAY-18

4/5/18

To

The Registrar,
Vels Institute of Science Technology
and Advanced Studies,
Pallavaram.

Through : Head, Department of English

Sir,

Subject : Requisition to accept Substitute for writing
Semester Examination - April 2018.

I met with an accident on 9th April 2018,
Since my right hand got fractured, I am not in the
position to write my examination on my own. So I
request you to kindly consider my request and accept
Mr. J. Namasivayam as a scribe to write my Semester
Examination

Enclosure : Scribe's ID
Medical Report

Yours faithfully :

Forwarded for
favourable
consideration.
R. Venkatesh
04/05/18

Date: _____
PG & Research Dept of English
Vels University, Chennai - 600 117

- MAY 2018



B.A-ENGLISH

15118134

DINESH P

13/08/1994

MALE

Semester : VI

				Semester	Block		
		15RBEN61	PROJECT	6	-		
26/04/2018	FN	15UGE509	SCOPE AND INTRODUCTION MICROBIOLOGY	6	-		
07/05/2018	FN	15CBEN61	SHAKESPEARE - II	6	T	TTB306	E1 1
08/05/2018	AN	15CBEN51	SHAKESPEARE - I	5	T	TTB209	C1 2
09/05/2018	FN	15CBEN62	AMERICAN LITERATURE - II	6	T	TTB310	A2 2
11/05/2018	FN	15CBEN63	BASICS OF BUSINESS ENGLISH COMMUNICATION	6	T	TTB306	E1 3
14/05/2018	FN	15DBEN61	ENGLISH FOR COMPETITIVE EXAMINATIONS	6	T	TTB306	A2 3
15/05/2018	AN	15DBEN51	AN INTRODUCTION TO GENERAL LINGUISTICS AND COMMUNICATION	5	T	TTB203	A2 5
16/05/2018	FN	15DBEN62	ENGLISH PHONETICS AND PHONOLOGY	6	T	TTB202	B1 5
16/05/2018	AN	15BEN102	AN INTRODUCTION TO THE LITERARY FORMS	2	T	TTB209	C2 2
17/05/2018	AN	15DBEN52	COMMUNICATIVE ENGLISH	5	T	TTB202	E2 5
25/05/2018	FN	15CBEN32	HISTORY OF ENGLISH LITERATURE - I	3	E	ENB213	C1 1
28/05/2018	AN	15BEN101	AN INTRODUCTION TO THE SOCIAL HISTORY OF ENGLAND	1	E	ENB215	D1 4

AN (01:30 PM-04:30 PM), FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK , T-TEACHER TRAINING , T-TEACHER TRAINING BLOCK, T-TEACHER TRAINING BLOCK

[Handwritten signature]

15-11-2018.

From

D. Pugazhendhi,
(F/o P. Dhanapriyesh
III BSc Bio Technology)
No. 5, Sunrise Avenue,
Chromepet,
Chennai. 44.

16107115
Dhanapriyesh
F/O - Pugazhendhi

NOV-18

To the Controller of Examinations,
Vels University,
Chennai.

(u), permitted
15/11/18

Sir,

My son P. Dhanapriyesh (Reg. No. 16107115)
is studying here in III BSc Biotechnology.

The govt of Tamil Nadu medical team
evaluated my son and issued medical
certificate with mild MR and dyslexia issues and
also issued disability Certificate No. TN:KPM.
MR. 46729 dt 2.9.2011. Lett dt. 12.4.17

Based on medical Board, Chennai, we got
permission to have scribe in the previous
Semester.

Kindly extend the facility to appoint a
scribe to write his V Semester examination
also.

Yours sincerely

15-11-2018,

Chennai-44.

25.  -H.

From

D. Pugazhendhi,
F/o P.Dhanapriyesh,
B. Sc, Bio Tech. Second year,
Chromepet, Chennai-44.

To

The Registrar,
Vels University, Chennai.

Sub: Request – bona-fide certificate, to the submit Rajiv Gandhi Hospital, Chennai for scribe.

Sir,

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The last year semesters we tried himself to write the examinations, unfortunately he could not perform the examinations as we expected. Since his in legible writing he could not scored even as minimum marks to pass in the previous semesters.

In view of the above, In order to get the facility of appoint scribe, he examined by the medical board. The Chennai Rajiv Gandhi General Hospital medical board is demanding to bring bona-fide certificate and indicating with Hospital name and purpose.

So, we request you to provide me a bona-fide certificate to submit to the medical board at Rajiv Gandhi Hospital Chennai at your earliest.

Chennai -44,
30, October, 2017.

Enclosures: As bove

Yours Sincerely,

D. Pugazhendhi
(D. Pugazhendhi)

Kindly provide the scribe.
[Signature]
30/10/17

HOD
Dept. of Biotechnology
VELS UNIVERSITY
Pallavaram, Chennai-600 117
Forwarded to The Registrar.
[Signature]
30/10/2017

Recommended & Forwarded
[Signature]
30/10/17
R. Dinakaran Michael,
Dean of Life Sciences
Chennai -

புற நோயாளிகள் சீட்டு

சேவை

மனை எண்

அரசினர்.....

பெயர் :

ஆண்/பெண்/வயது

நோயறிதல் :

நாள் :

நோய் குறிப்புகள் :

நேரம் :
ம.அ.
மதிப்பீட்டாளர்
பிரிவு செவிலியர்

நேரம் :

ம.அ.

மதிப்பீட்டாளர்

பிரிவு செவிலியர்

pt doing
BSc Biotechnology

11 yr. He wants

scribe for the exam.
He not has not got

SENIOR CIVIL SURGEON

குறிப்பு-இந்த சீட்டு பத்திரங்கள் மருத்துவக்கொளலும். மறுமுறை
பார்க்க.....கிழமை மாலை 3:30 மணிக்கு கிழக்கு.
மருத்துவ படிவம் 1-15, 1,00,00,000-அ.கி.அ.சேலம்.

Concessions in any
medical Board. Referent
to the university itself

Up
17/11/17
SENIOR CIVIL SURGEON
RAJIV GANDHI GOVT. GENERAL HOSPITAL
CHENNAI-600 003

18566 2/9/2011

பதிவு எண் : நான் !
 மாற்றுத் திறமையினர் தல உதவிய உறுதிப்பாட்டு
 தமிழ்நாடு மாற்றுத் திறமையினர் தல உதவிய
 வகுப்பை மாவட்டம்

மாவட்ட மாற்றுத் திறமையினர் தல உதவிய
 கோயம்புத்தூர்



தமிழ்நாடு அரசு
 GOVERNMENT OF TAMIL NADU

உதவிகள் பதிவுப் புத்தகம்
 PASS BOOK

வழங்கும் அதிகாரம் :

தமிழ்நாடு அரசு மாவட்ட மாற்றுத் திறமையினர் தல உதவிய
 Issuing Authority கோயம்புத்தூர் மாவட்டம்

Government of Tamil Nadu கோயம்புத்தூர் - 603 001



மாநில குறியீடு State Code	மாவட்டத்தின் பெயர் Name of the District	ஊனத்தின் குறியீடு Disability Code	தமிழ்நாடு அடையாள அட்டை எண் Identity Card No.
TN	KPM	MR	16729

குறிப்பு

இந்த அட்டையை அடையாள அட்டை மட்டுமே மாற்றுத் திறமையினர் தல உதவிய உறுதிப்பாட்டு
 சீர்தரங்களை வழங்கும் உதவிகள்/சலுகைகள் அடையாள அட்டை மூலம் பெறப்படும்
 கூட்டுறவி/அறங்காணிகளுக்குமட்டுமே பிறந்த உத்தேசப்படும்.

தவறான வழியில் அடையாள அட்டை மூலம் அடையாள அட்டை சலுகைகளை
 பெறாத/பெற முயற்சி செய்கிற அடையாள அட்டை மூலம் அடையாள அட்டை மூலம்
 இரைந்த தண்டனை அடையாள அட்டை மூலம் அடையாள அட்டை மூலம் அடையாள அட்டை மூலம்
 சேர்த்து அடையாள அட்டை மூலம் அடையாள அட்டை மூலம் அடையாள அட்டை மூலம்

INSTRUCTION

The holder of the Identity Card for Person with Disabilities is eligible to
 claim concessions/benefits provided by Central Government, State
 Government, Statutory Bodies and other Local authorities in accordance with
 the Act/Rules/Instructions issued by these authorities from time to time.

Whoever fraudulently avails or attempts to avail any benefit meant for
 persons with disabilities, shall be punishable with imprisonment for a term,
 which may extend to two years or with fine which may extend to twenty
 thousand rupees or with both.

வழங்கப்பட்ட தேதி

Date of issue

செல்லுதற்கான காலம்

(18 வயதிற்குட்பட்ட குழந்தைகளுக்கு மட்டுமே)

Valid upto

(only for children below 18 years of age)

1. பெயர் **தனமதிவேலு**
 Name

2. தந்தை/அம்மா/அகாலவர் பெயர் **சிவசுந்தரத்தேவர்**
 Father/Mother/Guardian Name

3. பிறந்த தேதி மற்றும் வயது **05/12/1998 13**
 Date of Birth & Age

4. பாலினம் **ஆண்**
 Sex Male Female

5. வகுப்பு **ச.வ./ச.கு./பி.வ./பி.பி.வ. மற்றும் ச.ம.ப.ச.**
 Community **SO/ST/BO/MBO and OO/Others**

6. உட்பிரிவு
 Sub-Caste

7. முகவரி (தொலைபேசி எண்ணுடன்) **100 ர சூரியா**
 Address (with Telephone No) **சினிமா**

குறிக்கி நகர், குளோட்டை

8. இரத்தத்தின் பிரிவு **சிசன் கூன் -H+**
 Blood Group

9. கல்வி/தொழிற்கல்வி/தொழிற்குறை தகுதி
 Educational/ Vocational/Professional Qualification

10. குடும்ப வருமானம் (ஆண்டு)
 Family income (P.A.)

11. தொழில்
 Occupation

11. வேலைவாய்ப்பு அறிவிக்கல்கள்
 பதிவு செய்யப்பட்டிருக்கிறதா? **ஆம்**
 Registration in Employment **Yes**

12. மாவட்ட வேலைவாய்ப்பு அலுவலகம்
 District Employment Office **மாவட்ட வேலைவாய்ப்பு அலுவலகம்**
 District Employment Office **Vocational Rehabilitation Centre**

பதிவு எண் **Reg. No**

நாள் **Date**

13. அடையாள குறியீடுகள் (1) **Defensive**
 Identification Marks

(2) **mild MR**

14. ஊனத்தின் தன்மை
 Nature of Disability

15. ஊனத்தின் அளவு/சதவீதம்
 Degree/Percentage of Disability **40% Disabled**

16. மருத்துவ உறுதிப்பாட்டு/மருத்துவ உறுதிப்பாட்டு
 Medical Certificate issued by

(அ) மருத்துவ அதிகாரி
 (a) Medical Officer **SSA**

(ஆ) வழங்கிய நாள்
 (b) Date of issue **2-9-11**

அட்டை வைத்திருப்பவரின் கையொப்பம்/ இடது கைப் பெருமூலம் ரேகை
 Signature/Thumb impression of Card holder

மாவட்ட மாற்றுத் திறமையினர் தல உதவிய
 3 காஞ்சிபுரம் மாவட்டம்
 கோயம்புத்தூர் - 603 001



VELS



INSTITUTE OF SCIENCE, TECHNOLOGY
& ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY BY U.S. OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALAYARAM, CHENNAI, INDIA

HALL TICKET
END SEMESTER EXAMINATIONS
NOVEMBER 2018



Name of the Course : B.Sc.-BIOTECHNOLOGY
Register Number : 16107115
Name of the Candidate : DHANAPRIYESH
Date of Birth : 05/12/1998

Gender : MALE Semester : V

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Room No.	Seat No.	Seat No.
-	-	15PBBT52	PRACTICAL - IMMUNOTECHNOLOGY	5	-				
-	-	15NSS256	NSS - II	5	-				
-	-	15PBBT51	PRACTICAL - GENETIC ENGINEERING	5	-				
-	-	15PBBT42	PRACTICAL - COMPUTATIONAL BIOLOGY	4	-				
10/11/2018	FN	15UGE513	INTERNET BASICS	4	-				
10/11/2018	FN	15UGE503	WEB DESIGNING	5	-				
12/11/2018	AN	15EVS041	ENVIRONMENTAL STUDIES	4	-				
15/11/2018	FN	15LTA002	TAMIL PAPER - II	2	E	ENB205		E1	
15/11/2018	AN	15CBBT51	GENETIC ENGINEERING, IPR AND BIOETHICS	5	T	TTB201		C2	6
17/11/2018	AN	15CBBT52	IMMUNOTECHNOLOGY	5	T	TTB201		B2	5
20/11/2018	FN	15BBT003	MOLECULAR GENETICS AND DEVELOPMENTAL BIOLOGY	2	T	TEACHER TRAINING BLOCK-TTB301		D1	8
20/11/2018	AN	15DBBT51	MICROBIAL AND ENVIRONMENTAL BIOTECHNOLOGY	5	T	TTB201		B2	4
22/11/2018	AN	15DBBT41	BIOPHYSICS, BIostatISTICS AND COMPUTATIONAL BIOLOGY	4	E	ENB302		E1	6

AN (01:30 PM-04:30 PM), FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK, T-TEACHER TRAINING BLOCK, T-TEACHER TRAINING BLOCK

Controller of Examinations

Signature of the HOD
Dept. of Biotechnology
VELS UNIVERSITY

Signature of the Candidate

(Instructions leaf)

12

IMPORTANT INSTRUCTIONS

1. The use of Mobile Phone, Blue Tooth and Programmed Calculators are prohibited inside the Examination Hall. Candidates possessing these electronics gadgets will be booked under malpractice.
2. The Answer Book contains sufficient pages and NO ADDITIONAL SHEETS will be given.
3. The candidate is instructed not to write / mark anything on the Question paper
4. The candidate should obtain Hall Ticket from the respective Head of the Department during five working days before the commencement of the End Semester Examinations.
5. (a) The candidate will not be permitted to enter the Examination Hall without Hall Ticket and University ID Card.
(b) No candidate will be allowed into the Examination Hall after 30 minutes from the commencement of examination.
(c) No candidate will be allowed to leave the Examination Hall in the first 30 minutes after the commencement of examination.
6. The Candidate should write his/her Register number and subject code in the appropriate column of the main Answer book and shade them properly. The Answer book with incorrect or illegible Register Number and not shaded in the column provided will not be valued. The Register Number should be written legibly in the Question Paper.
7. The candidate should also write Name of the Course, Total Number of pages written and the Date of Examination legibly in the columns provided.
8. The candidate should write the answers in legible handwriting using only Blue or Black Ink Pen / Ball Pen.
9. No candidate will be allowed to write the examination, if he / she commits malpractice or involves in any untoward incident at the time of writing the Examination. The Examination taken by them will be treated as cancelled and will be asked to appear before the Disciplinary Committee for further action.
10. The fees once paid will not be refunded or adjusted for the subsequent examination.
11. The candidate should refer to the notification on the Department Notice Board for any change in the Examination Schedule.
12. The candidate should write the Serial Number of the Answer Book in the column provided in the Attendance Sheet and sign.

* * * * *

20/11/2018

PERMISSION LETTER

FROM
K. GOPI,
BCA Ist year DEPARTMENT,
VELS UNIVERSITY,
CH-43.

Student- 755012528

Scribe- 951435528

Reg. No: 18105411

TO,
VELS UNIVERSITY COLLEGE,
CH-43.

Nov '18

Approved
Date 20/11/18

RESPECTED SIR/MADAM,

I Gopi from BCA Ist yr department write this letter for allowing me to write my semester exam with the help of scribe on behalf of me, since i have fracture in forearm and I'm under treatment for the past 2 months.

So kindly requesting you to give permission for the above reason.

Thanking You,
K. Gopi.

Formal letter
COE
G. [Signature]
20/11/18

Dr. S. Krishnan, M.B.B.S., M.R.S.H. (Lond.), P.G., Dip. Diab.
Consultant Family Physician and Diabetologist

JAYASRI HOSPITAL

No. 9, Maduvinkarai IV street,
Alandur, Chennai - 600 016.

Phone : 2232 7791

Date : 10/11/18

This is to certify that
Mr. K. Gopi, son of Mr. S. Iyer,
studying in BCA Ist year, Vels University
College, Chennai-43, has been under
my treatment for fracture left
bone of the forearm since Sept. 16,
2018 and since he has been on
plaster cast for its recovery, he
will be unable to write his
exam and he can engage a
scribe to write his examination on
his behalf, until his complete
recovery.

Dr. S. KRISHNAN, M.B.B.S., P.G. DIP. in Diab.,
CONSULTANT FAMILY PHYSICIAN
AND DIABETOLOGIST
REGD. No. 30135
JAYASRI HOSPITAL,
No. 9, MADUVINKARAI IV STREET,
ALANDUR, CHENNAI - 600 016.



**GOVERNMENT OF TAMIL NADU
DEPARTMENT OF TECHNICAL EDUCATION**

Serial No. CON

028467

CONSOLIDATED MARKSHEET

Register Number

Name of Student

Date of Birth

29418466

PRASANTH A

07-Feb-1992

Institution Code

Name & Address of the Institution

302

MEENAKSHIAMMAL POLYTECHNIC COLLEGE

Scheme

UTHIRAMERUR



K. SCHEME (LE) 1040 ELECTRONICS AND COMMUNICATION ENGINEERING (FULL TIME)

Year/ Semester	Column Number	Subject Name	Maximum Marks	Minimum Marks for Pass	Marks Secured	Month & Year of Passing
III	01	ELECTRONIC DEVICES & CIRCUITS	100	40	81	OCT 2009
	02	ELECTRIC CIRCUITS AND INSTRUMENTATION	100	40	63	OCT 2009
	03	C PROGRAMMING AND OOPS	100	40	57	OCT 2009
	04	ELECTRONIC DEVICES AND CIRCUITS LAB	100	50	94	OCT 2009
	05	ELECTRIC CIRCUITS AND INSTRUMENTATION LAB	100	50	94	OCT 2009
	06	C PROGRAMMING LAB	100	50	97	OCT 2009
IV	01	ANALOG AND DIGITAL ELECTRONICS	100	40	95	APR 2010
	02	INDUSTRIAL ELECTRONICS	100	40	69	APR 2010
	03	COMMUNICATION ENGINEERING	100	40	72	APR 2010
	04	ANALOG AND DIGITAL ELECTRONICS LAB	100	50	99	APR 2010
	05	IE AND CE LAB	100	50	98	APR 2010
	06	ENGLISH COMMUNICATION PRACTICAL	100	50	92	APR 2010
V	01	MICROPROCESSOR AND MICROCONTROLLER	100	40	88	OCT 2010
	02	ADVANCED COMMUNICATION SYSTEMS	100	40	95	OCT 2010
	03	ELECTIVE THEORY I	100	40	91	OCT 2010
	04	MICROPROCESSOR AND MICROCONTROLLER LABORATORY	100	50	99	OCT 2010
	05	ADVANCED COMMUNICATION SYSTEMS LABORATORY	100	50	100	OCT 2010
	06	ELECTIVE LABORATORY I	100	50	99	OCT 2010
VI	01	COMPUTER HARDWARE AND NETWORKING	100	40	77	APR 2011
	02	EMBEDDED SYSTEMS	100	40	88	APR 2011
	03	ELECTIVE THEORY II	100	40	86	APR 2011
	04	COMPUTER HARDWARE AND NETWORKING LABORATORY	100	50	99	APR 2011
	05	EMBEDDED SYSTEMS LABORATORY	100	50	99	APR 2011
	06	PROJECT WORK AND ENTREPRENEURSHIP	100	50	98	APR 2011

DURATION OF THE COURSE : THREE YEARS

88.75 %

FIRST CLASS WITH DISTINCTION

* Marks in these subject(s) are not included for computation of aggregate total and award of class
DATE : 24-APR-2012

REGISTER NO. : 29418466

SERIAL NO. **AB 05682**

**GOVERNMENT OF TAMIL NADU
STATE BOARD OF TECHNICAL EDUCATION AND TRAINING
DEPARTMENT OF TECHNICAL EDUCATION, CHENNAI - 600 025.**

PROVISIONAL CERTIFICATE

This is to certify that

PRASANTH A



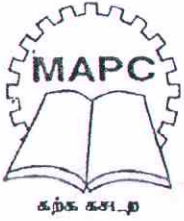
having passed in **FIRST CLASS WITH DISTINCTION**
in the final Examination held in **APRIL 2011**

is provisionally qualified for the award of Diploma in

ELECTRONICS AND COMMUNICATION ENGINEERING

302 MEENAKSHI AMMAL POLYTECHNIC COLLEGE
UTHIRAMERUR, KANCHIPURAM-603406

[Signature]
Chairman
Board of Examinations
Tamil Nadu

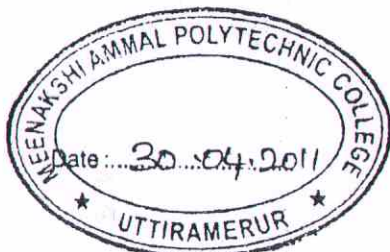


**MEENAKSHI AMMAL
POLYTECHNIC COLLEGE**
UTHIRAMERUR - 604 406.

TRANSFER CERTIFICATE

NO. 5583

1. Name of the Student (in Capital letters) PRASANTH.A
2. Sex MALE
3. Fathers Name AHMAVASAI
4. Date of Birth as entered in the admission register (in figures and words) - 07.02.1992 [SEVENTH-FEBRUARY-NINETEEN NINETY TWO]
5. Nationality, Religion & Caste - INDIAN - HINDU - ADI DRAVIDAR
6. Class in which he/she was studying at the time of leaving the Polytechnic College II-YEAR, VI-SEM, ELECTRONICS AND COMMUNICATION ENGINEERING
7. Date of admission 01.06.2009
8. Whether the student qualified for promotion to a higher class REFER THE MARK SHEET
9. Whether the student has paid all the fees due to the Polytechnic College. YES
10. Date on which the student actually left the Polytechnic college. 30.04.2011
11. Date on which the application for Transfer Certificate was made. 30.04.2011
12. Date of the Transfer Certificate. 30.04.2011
13. General conduct Very Good
14. Conduct



30.04.2011

[Signature]
PRINCIPAL
30/4/11
MEENAKSHI AMMAL POLYTECHNIC COLLEGE
UTHIRAMERUR - 604 406



VELS



INSTITUTE OF SCIENCE, TECHNOLOGY
& ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY Estd. u/s 3 OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALLAVARAM - CHENNAI - INDIA

HALL TICKET - NOVEMBER 2018 END SEMESTER EXAMINATIONS



Name of the Course : B.C.A.-BACHELOR OF COMPUTER APPLICATION
 Register Number : 18105411
 Name of the Candidate : GOPIK
 Date of Birth : 11/10/2000 Gender : MALE Semester : I

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
	-	18PBCA11	PRACTICAL - PROGRAMMING IN C	1	-		
	-	18PBCA12	PRACTICAL - MS OFFICE	1	-		
28/11/2018	FN	18LTAM11	TAMIL PAPER - I	1	T	TTB304	B1 4
30/11/2018	FN	18LENG11	ENGLISH PAPER - I	1	T	TTB202	A1 6
03/12/2018	FN	18CBCA11	PROGRAMMING IN C	1	T	TTB113	E1 1
07/12/2018	FN	18BMA001	MATHEMATICS - I	1	E	ENB303	B2 1

FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK, T-TEACHER TRAINING, T-TEACHER TRAINING BLOCK

Controlled Examinations

Signature of the HOD

Signature of the Candidate

(Instructions overleaf)

16-04-2019

Scribe

From

T. Ravi Kumar

F/o R. Dinesh Kumar

Reg. No : 16604118

III year, VI sem Mechanical Engineering

VISTAS

PALLAVARAM

TO

The COE

VISTAS

Pallavaram,
Chennai

Through HOD Mechanical Engey Dept

Respected Sir,

(Sub: Request for scribe to write University Examination - Reg)

My son is studying in III year, VI semester Mechanical Engineering. He met with an accident and his fingers are cut by the accident. He is unable to write the University examination. So I request you kind arrange scribe for writing his examination

Thanking you

yours sincerely

T. Ravi Kumar

16/4/19

[Signature]
16/4/19

Forwarded to HO HOD

A Arul Peter
(A. ARUL PETER)

Recommended for Scribe
[Signature] 16/4/19

Dr. C. Dhanasekaran
Mechanical / VISTAS
50117

DISCHARGE SUMMARY

Name of Department : Plastic Surgery And Team
Consultant : Dr. Arul Mozhi Mangai
Name of the Patient : Mr. DINESH KUMAR
UHID : 12018007427 / I0006340
Age / Sex : 21years / male
Date of Admission : 09/04/2019
Date of Discharge : 10/04/2019

Final Diagnosis:

AMPUTATION OF RIGHT INDEX FINGER

Chief Complaints on admission:

Mr. Dinesh kumar, a 21 years old gentleman came to ER on (09.04.2019) at 7:05PM with alleged h/o crush injury to right index finger while trying to clean his two wheeler, when his finger got crushed and amputated. Amputated part of finger brought in ? saline water. No h/o Loc / vomiting / ENT bleed.

General examination:

Patient conscious, oriented, afebrile

BP: 120/80mmHg PULSE: 86/min RR: 20/min

SPO2: 98%

O/E:

Finger amputated at DIP joint level with exposed middle phalanx bone. Amputated part was crushed and contaminated with grease, does not appear to be amenable for re implantation.


Course in the Hospital:

Patient was admitted with above complaints. Patient was shifted to OT on 09/04/19 for flap with suturing of right index finger, patient was kept in observation. Patient was stable and hence being discharged with following advice.

Discharge medication & advice on discharge:

Drug Name / Generic Name	Strength / Dosages	Frequency	Route of admin.	Relationship with meal	Duration
TAB. AUGMENTIN	625mg	1 - 0 - 1	Oral	After food	5 days
TAB. COMBIFLAM		1 - 0 - 1	Oral	After food	5 days
TAB. PAN	40 mg	1 - 0 - 0	Oral	Before food	5 days

**REVIEW : On Plastic Surgery OPD on Monday 15/04/2019, As Per Appointment
Priority**


Dr. Arul Mozhi Mangai
Consultant

exam
scribe

15119920

ATUL SOHAN
IV year D.A LL.B
School of Law

zolek

24 - April - 2019

The Controller of examinations -
VISTAS
Chennai


Sir,

Sub: scribe - Final exam - disgraphic

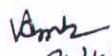
As I suffer from developmental disease
technical term is dysgraphia or writers
tremour I am unable to write with normal
speed or articulation. Thus I require
the assistance of a scribe.

I request that the same be allowed
for all upcoming examinations.

Yours truly.


ATUL SOHAN

Forwarded to COE


24/4/19
S. Anil Kumar
Director


zolek

आयकर विभाग

INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number

BBUPM9302H

नाम / Name

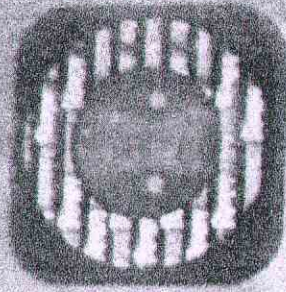
ARCHANA MANIBETTU

पिता का नाम / Father's Name

MANIBETTU SUBBA PATTALI

जन्म की तारीख / Date of Birth

04/05/1986



हस्ताक्षर / Singature

X4SBA29030



FACULTY OF ARTS

கலையியல் புலம்

The Senate of the University of Madras hereby makes known that ARCHANA M has been admitted to the

DEGREE OF BACHELOR OF BUSINESS ADMINISTRATION

he / she having been certified by duly appointed Examiners to be qualified to receive the same and was placed in the

SECOND CLASS

at the Examination held in

MAY 2007

சென்னை பல்கலைக்கழகப் பேரவை, 2007 ஆம் ஆண்டு மே

மாதம் நடந்த

தேர்வில்

அர்ச்சனா எம்

என்பவர்

இரண்டாம் வகுப்பில்

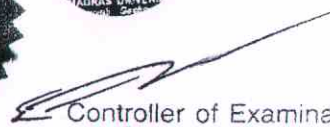
தேர்ச்சி பெற்றார் என்று தக்க


தேர்வாளர்கள் சான்றளித்தபடி, ஊனிக ஆன்முறை இயல் இளையர்

என்னும் பட்டத்தை அவருக்குப் பல்கலைக்கழக இலச்சினையுடன் வழங்குகிறது.

Given under the seal of the University




Controller of Examinations
தேர்வாணையர்


Registrar
பதிவாளர்


Vice-Chancellor
துணைவேந்தர்

Dated: 12-11-2007

நாள்:

Chepauk, Chennai 600 005, Tamilnadu, India

சேப்பாக்கம், சென்னை - 600005, தமிழ்நாடு, இந்தியா

2K-4/175811

PROCEEDINGS OF THE MEDICAL BOARD.
 GOVERNMENT MEDICAL COLLEGE HOSPITAL, CALICUT - 8


 Signature of the applicant


Law ATUL
 We, after careful examination of Sri. ATHUL SOHAN
 S/o K.V. SOHAN 'ATUL', ELAMAKKARA PO ERNAKULAM

..... whose signature is given above, certify that he/she is
 having / not having developmental dysgraphia and written Cramp
and such that he is not able to write legibly and with
normal speed. Hence it is recommended that a scribe may
be permitted to help him write theory examinations.

Impression

Law
 Dr. T.K. VASUDEWAN
 MBBS, DNB, MRDAS
 Assistant Professor
 Physical Medicine & Rehabilitation,
 Medical College, Kozhikode
 Reg. No. 13402

1. Dr.
 Member, Medical Board.


 2. Dr. Rajesh P. Avoo Prof Ortho
 Member, Medical Board

Identification Marks

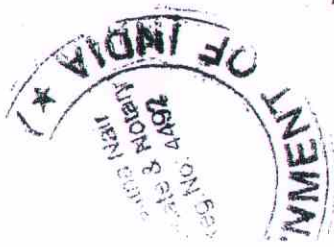
- 1) Bm @ chest
- 2) Bm @ angle of mouth



Place: Calicut
 Date: 30.9.2010
 M. Lalitha Nair
 6-10-2010

Chairman of Medical Board

SUPERINTENDING
 MEDICAL COLLEGE HOSPITAL
 KOVVOOR, CALICUT



R5Z3T1RB8ZH23T9X5V3T9J0B89Z7

**GOVERNMENT OF KERALA
GENERAL EDUCATION DEPARTMENT
SECONDARY SCHOOL LEAVING CERTIFICATE**

Register Number: 606706

Month & Year: MARCH 2018 No. of Chapters: 1

This is to certify that the candidate herein has appeared for the SSLC Examination and secured the following marks:

Subject	Grades	Grades in words
First Language Paper - I (SANSKRIT)	A+	A PLUS
First Language Paper - II (MALAYALAM)	A+	A PLUS
English	A+	A PLUS
Hindi	A	A ONLY
Social Science	A+	A PLUS
Physics	A+	A PLUS
Chemistry	A	A ONLY
Biology	A+	A PLUS
Mathematics	B+	B PLUS
Information Technology	A+	A PLUS

RANGE OF GRADES

A+ 90% and above: Outstanding	B 60% - 69% : Good	D+ 30% - 39% : Marginal
A 80% - 89% : Excellent	C+ 50% - 59% : Above Average	D 20% - 29% : Need Improvement
B+ 70% - 79% : Very Good	C 40% - 49% : Average	E Below 20% : Need Improvement

Eligibility for higher studies - Minimum D+ grade for each paper



ELIGIBLE FOR HIGHER STUDIES

S.P.B.H.S.S.
L.A.L.K.I

SECRETARY

Board of Public Examinations, Kerala



Name of Candidate : BHAVANA.G.S

Name in Regional Language : ഭാവന.ജി.എസ്

Name of School : 32316

S P B H S KADAKAVUR Admission No. : 15/03/2002

Date of Birth (in figures) : FIFTEENTH MARCH TWO THOUSAND TWO

(in words) : FIFTEENTH MARCH TWO THOUSAND TWO

Sex : FEMALE

Religion & Caste : HINDU, NAIR

Whether SC/ST/OEC/OBC/GL : GENERAL

Nationality : INDIAN

Place of Birth : CHIRAYINKEEZHU

Name of Mother : GANGA

Name of Father : SUNIL KUMAR

Name of Guardian : SUNIL KUMAR

Home Address : PULIYARA VEEDU, MELKADAKKAVOOR

PO,695306,THIRUVANANTHAPURAM

15. Identification Marks



1. A MOLE ON THE RIGHT FOREARM

2. A MOLE ON THE RIGHT HEEL

Sobha
PRINCIPAL (S.S.)
S.S.P.B.H.S.S.
KADAKAVUR

Name & Signature of the Candidate

Date of Publication of Result : 03/05/2018



இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவேட்டு எண்/ Enrolment No.: 0654/11580/09938

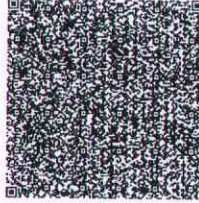
To
பாவனா ஜீ ஷர்
Bhavana G S
Puliyara Veedu,
Thinavila Road,
Melkadakkavur P O
Kadakkavoor
Kadakkavur
Thiruvananthapuram Kerala - 695306
6379932354

Download Date: 21/01/2019

Generation Date: 14/12/2018

Signature valid

Digitally signed by
UNIQUE IDENTIFICATION
AUTHORITY OF INDIA 03
Date: 2019.01.19 17:02
IST



QR Code with Photograph

உங்கள் ஆதார் எண் / Your Aadhaar No. :

4348 4081 7865

VID : 9127 3267 1776 0879

எனது ஆதார், எனது அடையாளம்



இந்திய அரசாங்கம்
Government of India



பாவனா ஜீ ஷர்
Bhavana G S
பிறந்த நாள்/DOB: 15/03/2002
பெண்/ FEMALE

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VID : 9127 3267 1776 0879

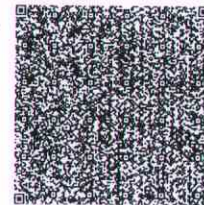
எனது ஆதார், எனது அடையாளம்



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு
Unique Identification Authority of India

முகவரி:
புலியார வீடு, தினவில் ரோடு, மெல்கடக்கவுர் பி.ஓ, கடக்கவுர்,
கடக்கவுர், கெரளா - 695306

Address:
Puliyara Veedu,, Thinavila Road,,
Melkadakkavur P O, Kadakkavoor,
Thiruvananthapuram,
Kerala - 695306



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Dr Srihari Ayyamuthu

Flat 1A
P. Block No.55
6th Avenue
Anna Nagar
Chennai
600040
Email : docsunny55@yahoo.com

25 April 2019

The Principal

Vels University
Pallavaram
Chennai

Subject: Scribe for Sebastian Srihari Vis Com Ist year 2nd Sem for University
Semester Exam May 2019

Respected Sir / Madam

I am writing with reference to my son Sebastian Srihari. Please allow Nancy A
to be his scribe for the exam. Please find enclosed her documents

Sincerely

Name : Sebastian Srihari

Register No : 18108216

Course : BSC VISCOMM

Second Semester.

Dr Srihari Ayyamuthu

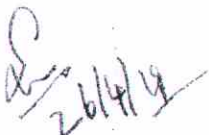
Mrs. Sosamma Srihari

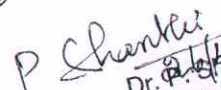
Parents of Sebastian Srihari

Sosamma Srihari

B: Section

Forwarded to the COE

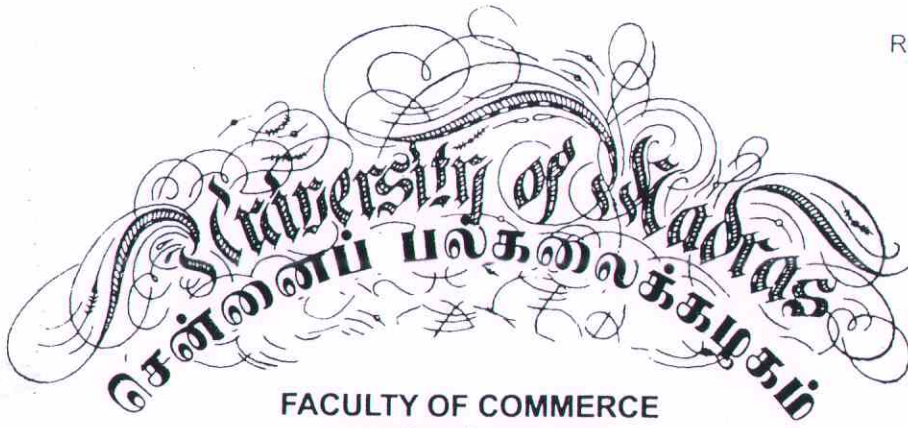

26/4/19


Dr. P. Shankar, Ph.D.,
Associate Professor & Head,
Department of Visual Communication,
School of Mass Communication,
Vels Institute of Science, Technology & Advanced Studies,
Pallavaram, Chennai- 600 117

1336

Register Number

311408501



FACULTY OF COMMERCE

வணிகவியல் புலம்

The Senate of the University of Madras hereby makes known that **NANCY A** has been admitted to the

DEGREE OF BACHELOR OF COMMERCE

he / she having been certified by duly appointed Examiners to be qualified to receive the same and placed in the **FIRST CLASS** at the Examination held in **APRIL 2017**

Given under the seal of the University

சென்னைப் பல்கலைக்கழகப் பேரவை 2017 ஆம் ஆண்டு ஏப்ரல்

மாதம் நடைபெற்ற வணிகவியல்

தேர்வில் நான்சி அ

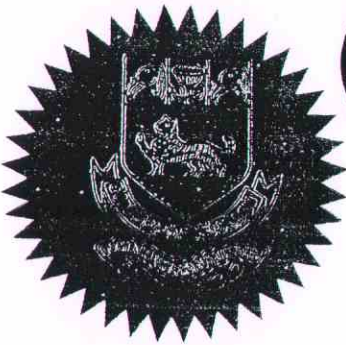
என்பவர் வணிகவியல் இளையர் பட்டத்தினை

முதல் வகுப்பில்

தேர்ச்சி பெற்றார் என்று

தக்க தேர்வாளர்கள் சான்றளித்தபடி இச்சான்றிதழ் பெறுவதற்கு உரியவர் ஆகின்றார் என இதன்வழி அறிவிக்கின்றது.

பல்கலைக்கழக இலச்சினையுடன் இச்சான்றிதழ் வழங்கப்படுகின்றது.



[Signature]

Controller of Examinations
தேர்வாணையர்

[Signature]

Registrar
பதிவாளர்

[Signature]

Vice-Chancellor
துணைவேந்தர்

Dated: 05-05-2018

நாள் :

Chennai - 600 005, Tamil Nadu, India.

சென்னை பல்கலைக்கழகம்



2015/

சென்னைப் பல்கலைக்கழகம்
UNIVERSITY OF MADRAS

0108487

CENTRE CODE 1336	REG. NO. / ENRL. NO. 311408501/	FOLIO NUMBER DKSA04931	DATED 09-08-2017
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PROVISIONAL CERTIFICATE - B. COM

This is to certify that NANCY A /
has qualified for the degree of BACHELOR OF COMMERCE

helshe having passed the above Degree Examination held

in APR. 2017 as follows :

FOUNDATION COURSES :

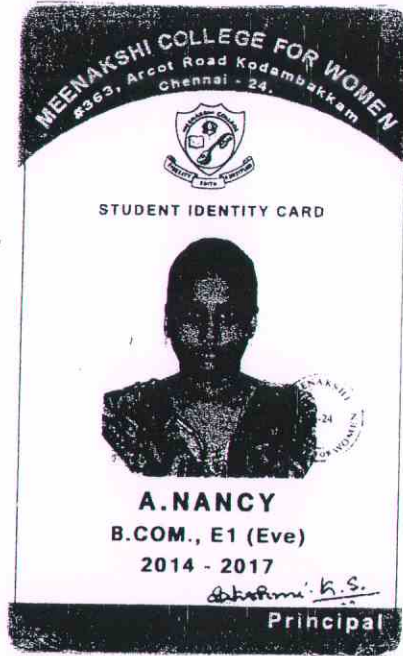
LANGUAGE TAMIL
ENGLISH
CORE MAIN COMMERCE
COURSE

SECOND CLASS
SECOND CLASS
FIRST CLASS



CHEPAUK, CHENNAI - 600 005.

ASSISTANT REGISTRAR



MEENAKSHI COLLEGE FOR WOMEN
363, Arcot Road Kodambakkam
Chennai - 600 024. Phone: 2472 5466

Address :

D/o E.ALEXANDER
NO:33/48, 1ST STREET
KAMARAJA COLONY
KODAMBAKKAM
CHENNAI-24

Phone : 9092402354
Date of Birth : 11.02.1997
Blood Group : O+VE

Loss of Card Should be Immediately Intimated



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No 1183/61020/22604

To
அ நானசி
A Nancy
D/O Alexander
33/48
1ST STREET KAMARAJAR COLONY
Kodambakkam
Kodambakkam Chennai Chennai
Tamil Nadu 600024
9092402354

15/06/2014

Ref 24 / 12S / 10632 / 10866 / P



SE131353725FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :

7472 7161 8439

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்
Government of India



அ நானசி
A Nancy
பிறந்த நாள் / DOB : 11/02/1997
பெண்பால் / Female



7472 7161 8439

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

Examined

MA-1-18

05.05.18

From,

M. Haritharan, (17103109)
Ist Bcom (CA) "A"
VELS VISTAS
Chennai-117.

TO

The controller of Examinations.
VELS VISTAS
Chennai-117

Respected Sir,

Sub:- Permission to write the end semester examination under Scribe- Regy.

I am M. Haritharan studying in Bcom (CA)

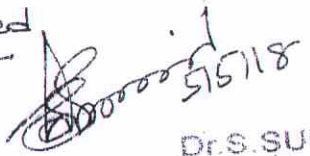
on their own
VELS "A"

section in VELS VISTAS. I am a physically disabled student (SCRIBE). Hence I request you to permit me to write the end semester examination with one assistant/help under the scribe case. Here with I have enclosed the scribe certificate given by Government Medical officer.

Yours obediently,

M. Haritharan

awarded


515118

Dr. S. SUBRAMANIAN,
M.Com., MBA., Ph.D.,
H.O.D & Research Supervisor
Department of Commerce (CA)
VELS VISTAS
Pallavaram, Chennai-600117

- MAY 2018



B.Com.-COMPUTER APPLICATION

17103109

HARI HARAN M

23/10/1999

MALE

Semester : II

				Semester	Block		
		16PBCC21	PRACTICAL - BUSINESS APPLICATION SOFTWARE	2	-		
07/05/2018	AN	16LTAM21	TAMIL PAPER - II	2	E	ENB315	C1 5
09/05/2018	AN	16LENG21	ENGLISH PAPER - II	2	T	TTB105	B1 2
14/05/2018	AN	16CBCC22	INTERNATIONAL ECONOMICS	2	E	ENB212	B1 3
16/05/2018	AN	16CBCC21	FINANCIAL ACCOUNTING - II	2	E	ENB313	D2 3
18/05/2018	AN	16LTAM11	TAMIL PAPER - I	1	E	ENB207	B1 3
21/05/2018	AN	16LENG11	ENGLISH PAPER - I	1	E	ENB216	B1 1
23/05/2018	AN	16DBCC11	INTRODUCTION TO INFORMATION TECHNOLOGY	1	E	ENB215	B1 2
25/05/2018	AN	16CBCC11	FINANCIAL ACCOUNTING - I	1	E	ENB204	D1 4
28/05/2018	AN	16CBCC12	MANAGERIAL ECONOMICS	1	E	ENB206	E2 1

AN (01:30 PM-04:30 PM)

E-ENGINEERING BLOCK , T-TEACHER TRAINING BLOCK

Handwritten signature

From,

A. Mohan raj,
BCA
Vels University
Pallavaram.

Pallavaram

13/05/19.

To,

the ~~Registrar~~, Exam office,
Vels University,
Pallavaram.

Sub: Regarding ~~my~~ a substitute to write my
semester exam.

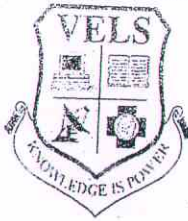
Respected sir,

I am A. Mohan Raj studying in BCA
department. I recently met with an accident,
so my right hand is fractured and
i am not able to write through my injured
hand. So I request you to permit me for
a substitute to attend my exam.

Thanking you,

your sincerely
A. Mohan raj.

13/5/19



VELS



INSTITUTE OF SCIENCE, TECHNOLOGY
& ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY Estd. u/s 3 OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALLAVARAM - CHENNAI - INDIA

HALL TICKET - MAY 2019 END SEMESTER EXAMINATIONS



Name of the Course : B.C.A.-BACHELOR OF COMPUTER APPLICATION
 Register Number : 16105222
 Name of the Candidate : MOHAN RAJ A
 Date of Birth : 03/06/1997 Gender : MALE

Semester : VI

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
-	-	15PBCA62	PRACTICAL - SOFTWARE TESTING	6	-		
-	-	15PBCA51	PRACTICAL - DOT NET	5	-		
-	-	15PBCA61	PRACTICAL - PHP	6	-		
05/2019	FN	15CBCA61	DATA COMMUNICATION AND NETWORKING	6	E	ENB302	D2 3
05/2019	FN	15CBCA51	OPERATIONAL RESEARCH	5	T	TTB105	D1 2
05/2019	FN	15CBCA62	PHP	6	E	ENB212	D1 3
05/2019	FN	15DBCA61	OPERATING SYSTEM	6	E	ENB216	C2 3
05/2019	FN	15DBCA51	SOFTWARE ENGINEERING	5	T	TTB105	C2 1
05/2019	AN	15CBCA33	MULTIMEDIA SYSTEMS	3	E	ENB303	E2 4
05/2019	FN	15DBCA62	SOFTWARE TESTING	6	E	ENB216	D2 3
05/2019	AN	15CBCA41	VISUAL PROGRAMMING	4	E	ENB205	E2 1
05/2019	FN	15DBCA52	WEB TECHNOLOGY	5	T	TTB105	B2 6
05/2019	FN	15DBCA63	DATA MINING	6	E	ENB216	C2 5
05/2019	FN	15GBCA51	STEP UP PROGRAMMING LEVEL - I	5	E	ENB314	C1 5
05/2019	AN	15CBCA42	STATISTICAL AND NUMERICAL METHODS	4	E	ENB206	D1 3
05/2019	FN	15BMA002	MATHEMATICS - II	2	E	ENB216	E2 3

04:30 PM-04:30 PM), FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK, T-TEACHER TRAINING BLOCK

Controller of Examinations

T. Ananda Kumar
Signature of the HOD



BHAKTAVATSALAM MEMORIAL COLLEGE FOR WOMEN
No.14, 31st Periyar Nagar, Korattur, Chennai - 600 080.

TRANSFER CUM CONDUCT CERTIFICATE

S.NO 729

Roll No 6094

Course B.COM - GENERAL

1. Name of the Student in Block Letters as entered in +2 or equivalent certificate DEVI . R
2. Name of Father / Mother R.Raja
3. Nationality, Religion Indian Hindu
Caste
4. Community VANNIYAR
 - a. Adi Dravidar (SC/ST)
 - b. Backward Class
 - c. Most Backward Class
 - d. Converted to Christianity from Scheduled Caste
 - e. Denotified tribesYES
(If the Student belongs to any one of the five categories mentioned above write 'YES' against the relevant column).
5. Date of Birth as entered in the +2 Mark Statement (in figures and words) 17.06.1997 / Seventeenth June Nineteen Ninety Seven
6. Date of admission and class in which admitted 17/05/2014 First Year
7. a. Class in which the student was studying at the time of leaving (in words) Final Year
b. Language studied under Part I Tamil
c. Medium of instruction English
8. Whether the student has paid all the fee due to the college YES
9. Date on which the student actually left the college 30/03/2017
10. Conduct and Character GOOD
11. Date on which application for Transfer certificate was made 30/03/2017
12. Date of Issue 01/07/2017

I hereby declare that the particulars above are correct and that no change will be demanded by me in future.

Devi. R

Signature of the Student

C.N. Jagan
Signature of PRINCIPAL

**BHAKTAVATSALAM MEMORIAL
COLLEGE FOR WOMEN,
31ST STREET, PERIYAR NAGAR,
CHENNAI - 600 080**



11/15273012

From

MAY-18

J. Pugezhendhi,
F/o. P. Dhana Prayesh,
(II, B.Sc. Bio Tech No. 16107115)
No. 5, Suriya Avenue,
Chromepet, Chennai. 44.

MRC - Biotech

To

The Controller of Examination,
Vellore University,
Chennai.

SUB: Submitting details of Scribe

- Ref: 1. My letter dated 30-10-17,
- 2. univ. Bonafied certificate
- 3. The Regional medical board letter
- 4. My letter dated 18.11.17.

Respected sir,

Based on the acceptance of Controller of Examination to appoint scribe - I have arranged a scribe to write ^{May 2018} examinations. The details of scribe given below as kindly consider my request.

Name: Ms. D. YAZHINI - Female

DOB: 10.08.1992

E.Q: B.E Electronics & Comm. Engr.
Anna University - Chennai.

Address: MRC of CMPRI, Chennai.

Thank you Sir.

J. Pugezhendhi
7/5/18

7.5.2018,
Chennai - 60

Yours truly

J. Pugezhendhi



VELS UNIVERSITY



VELS INSTITUTE OF SCIENCE, TECHNOLOGY & ADVANCED STUDIES (VISTAS)
(Deemed to be University Estd. u/s 3 of the UGC Act, 1956)

NAAC ACCREDITED
PALLAVARAM - CHENNAI - INDIA

HALL TICKET - MAY 2018
END SEMESTER EXAMINATIONS



Name of the Course : B.Sc.-BIOTECHNOLOGY
Register Number : 16107115
Name of the Candidate : DHANAPRIYESH
Date of Birth : 05/12/1998

Gender : MALE Semester : IV

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
-	-	15PBBT42	PRACTICAL - COMPUTATIONAL BIOLOGY	4	-		
-	-	15PBBT41	PRACTICAL - PLANT AND ANIMAL TECHNOLOGY	4	-		
26/04/2018	FN	15UGE513	INTERNET BASICS	4	-		
28/04/2018	FN	15EVS041	ENVIRONMENTAL STUDIES	4	-		
07/05/2018	AN	15LTA002	TAMIL PAPER - II	4	-		
08/05/2018	FN	15LTAM41	TAMIL PAPER - IV	2	E	ENB205	E11
09/05/2018	AN	15LEN002	ENGLISH PAPER - II	4	E	ENB213	A11
10/05/2018	FN	15LENG41	ENGLISH PAPER - IV	2	E	ENB212	A14
11/05/2018	AN	15BBT003	MOLECULAR GENETICS AND DEVELOPMENTAL BIOLOGY	4	E	ENB314	B13
12/05/2018	FN	15CBBT41	PLANT AND ANIMAL BIOTECHNOLOGY	2	T	TTB103	E13
14/05/2018	AN	15BBT103	BIOCHEMISTRY AND BIOINSTRUMENTATION	4	T	TTB202	D16
15/05/2018	FN	15DBBT41	BIOPHYSICS, BIostatISTICS AND COMPUTATIONAL BIOLOGY	2	T	TTB202	A23
21/05/2018	FN	15LENG31	ENGLISH PAPER - III	4	T	TTB203	A26
23/05/2018	FN	15LTAM31	TAMIL PAPER - III	3	E	ENB215	E23
28/05/2018	FN	15CBBT31	CLINICAL DIAGNOSTIC TECHNIQUES	3	E	ENB204	C25
				3	E	ENB302	D26

AN (01:30 AM-04:30 PM), FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK, T-TEACHER TRAINING BLOCK, T-TEACHER TRAINING BLOCK

Controller of Examinations

HOD
Dept. of Biotechnology
Signature of the HOD
VELS UNIVERSITY

P. Dhanapriyesh
Signature of the Candidate

NOV-18

pg

From

Sosamma Srihari
P block no: 55, 6th avenue
Anna Nagar
Chennai - 40

18/08/16
SERASTHAN SREYAS Place: Chennai
BSC-VESCOM Date: 14.8.2018

COE
DW
2.8.18

To

The Chancellor
VISTAS
Pallavaram
Chennai

NOTE:

Student is asking for
scribe.

Forwarded to Registrar.

SuT
16/08/18

SuT
16/8/18

Sir,

My son S. Sebastine have joined in Bsc. visual
communication in your esteemed university. he
has some problem in his hand so he could not
able to write for a long time and he has very
less speed in writing, I have the medical report
regarding this issue in his hand. I request
you to kindly allow him to write his exam
with the help of a scribe. Hope you will do
needfull.

Thanking you

Yours Sincerely
Sosamma S. Srihari

**GOVERNMENTY PERIPHERAL HOSPITAL, K.K. NAGAR,
CHENNAI 78**

Disability Certificate

Certificate No. _____

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This _____ is _____ to _____ certify _____ that
 Shri/Smt. SEBASTIAN CRIVARI son of _____ Shri
DR. SRIVARI age _____ is a case of Physically disabled /
 visual disabled / speech and hearing disabled / mentally disabled and has
long depression both upper limbs 50% (Right hand)
post surgical permanent Physical impairment / visual impairments speech and hearing
 impairment / mentally impairment in relation to his / her both upper limbs.

Note:

**DUE TO THE ABOVE MENTIONED DISABILITY
FOLLOWING CONCESSION MAY BE GIVEN**

- 1. EXEMPTION FROM TAMIL / SECOND LANGUAGE
- 2. EXTRA ONE HOUR FOR WRITING THEORY EXAM
- 3. ALLOCATION OF A SCRIBE
- 4. OVER LOOKING SPELLING MISTAKES AND GRAMATIC ERRORS
- 5. USING CALCULATOR

- 1. This condition is progressive / Non-progressive / likely to improve / not likely to improve.
- 2. Re-assessment is not recommended / is recommended after a period of _____ Months / years.

• Strike out which is not applicable.

SEBASTIAN

Signature / Thumb Impression



20.11.15

[Signature]
Chairman 20.11.15

REG. NO. _____
 CHENNAI 78
 K.K. NAGAR, CHENNAI 78.

Form-IV

DISABILITY CERTIFICATE

(In cases other than those mentioned in Form II and III)
 (NAME AND ADDRESS OF THE MEDICAL AUTHORITY ISSUING
 THE CERTIFICATE)
 (See rule 4)



Certificate No. _____ Date: 20.01.14
 This is to certify that I have carefully examined
 Shri/Smt./Kum. SEBASTIAN SRINANI Son / wife daughter of
 Shri Dr. SRINANI K.K. NADAR

Date of Birth 26 06 1999 Age _____ years, Male / female
 (DD / MM / YY)

Registration No. CHN/LD/46893 Permanent resident of House
P. Block No 55 6th Avenue
 No. _____ Ward / Village / Street _____ Post Anna Nagar
 Office _____ District Chennai State TAMIL NADU

Whose photograph is affixed above, and am satisfied that he/she is a
 case of _____ disability. His / her extent of percentage physical impair-
 ment / disability has been evaluated as per guidelines (to be specified and is shown against the
 relevant disability in the table below.

S. No.	Disability	Affected part of Body	Diagnosis	Permanent physical impairment / Mental Disability (in %)
1.	Locomotor Disability	@		
2.	Low Vision	#	Long cataracts both eyes	
3.	Blindness	Both Eyes	post surgical	50%
4.	Hearing Impairment	£		Other persons
5.	Mental Retardation	X		
6.	Mental Illness	X		

2. The above condition is progressive / non-progressive / likely to improve / not likely to improve.

3. Reassessment of disability is :
 not necessary,

Or

(ii) is recommended/ after _____ years _____ months, and therefore this certificate shall be valid till _____
(DD) (MM) (YY)

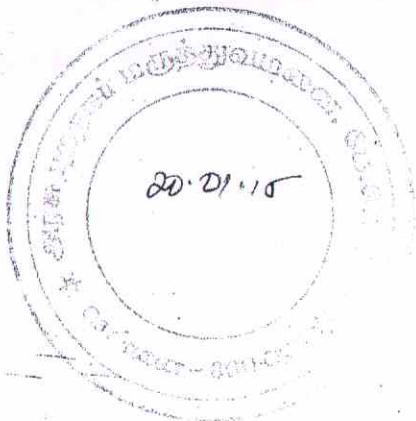
4. The applicant has submitted the following document as proof of residence:-

Nature of Document	Date of Issue	Details of authority issuing certificate

T. SEBASTIAN

Signature/Thumb Impression of the Person in whose Favor disability Certificate is issued

[Handwritten signature]
20.01.15



(Authorized Signatory of notified Medical Authority (Name and seal)
(Counter-signature and seal of the CMO/Medical Superintendent/Head of Government Hospital, in case the Certificate is issued by a medical authority who is not a government servant (with seal)

Atul Sohan

V Year B.A. LL.B

Reg No:15119920

School of Law

Vels Institute of Science, Technology & Advanced Studies (VISTAS)

+91-9961778003

ATULSOHAN@GMAIL.COM

24-10-2019

Controller of Examinations

Vels Institute of Science, Technology & Advanced Studies (VISTAS)

Velan Nagar

P.V. Vaithiyalingam Road

Pallavaram

Chennai - 600 117

Tamil Nadu, India

Sir,

Sub:Request-Scribe-End of term Exam-permission sought -
Reg No:15119920.

I Am a dysgraphic with writers tremor.I was allowed the aid of a scribe for the previous exams on the basis of the medical board certificates.

I most humbly request that I be permitted the aid of a scribe this time too. Dysgraphia is a disability of a permanent nature and my condition has not improved the slightest bit from the last time.

A blind welfare organization **LIT THE LIGHT**,Chennai has assured that they will help but will not be able to provide a single person for all the exams as they are volunteers with regular day jobs .

I most humbly request that any pre verification be done away with and I undertake that the person volunteering will not be law student nor be any one who could give me any undue advantage.

Sincerely,

Atul Sohan

Forwarded to COE
Vams
25/10/19

25/10/19

D.S. RAJASEKARAN, B.Sc., M.L.,
ADVOCATE & NOTARY PUBLIC

Office :
Plot No. 635, Door No. 23,
Dr. Ramasamy Salai,
K.K. Nagar, Chennai - 600 078.
Mobile : 98400 48665

Chamber :
No.24 & 318 Law Chambers,
High Court Buildings,
Chennai - 600 104.
E-mail : rajdslex@gmail.com

Date: 25.10.2019

To

The Hon'ble Registrar,
Vels University,
Pallavaram, Chennai-600117.

Respected Sir,

Sub: V.Rishika Mary, B.A., L.L.B. (Hons)
2018 - 22 - UP18G1190179 - Medical Leave - Knee
Surgery - Exemption - Request - Reg.

Ref: 1. V.Rishika Mary B.A., L.L.B. (Hons)
II Year - UP18G1190179
2. Exam Roll No.18119134
3. Medical Certificate from M/s.M.N.Ortho
Hospital

I am the guardian of Ms.Rishika Mary, studying B.A., L.L.B.
(Hons) II year in your esteemed university had a severe ligament
rupture in her right knee and was hospitalized for surgery on
22.10.2019 and she is advised bed rest for the period from
15.10.2019 to 15.11.2019 by the M.N.Orthopaedic Hospital.

Forwarded to COE

Vamb
25/10/19

[Signature]
25/10/19

(P.T.O.)

Though she had secured the required attendance for the current semester and since the semester exam is due from November 11, I humbly request your goodself to permit her to appear for the semester exam in the ground floor as she cannot walk without assistance and a walker.

I request your goodselves to consider her medical condition and graciously excuse her absence for the said period and oblige.

Thanking you,

Yours truly,



C.C to

The Hon'ble Director, Dept. of Legal Studies
Vels University,
Pallavaram, Chennai-600117.

Encl: Medical Certificate

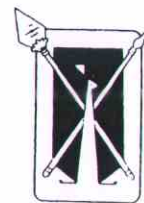


M.N. Orthopaedic Hospital

14, BANK STREET (OFF NEW AVADI ROAD)

KILPAUK, CHENNAI - 600 010.

INDIA



E-mail : mnorthohosp@gmail.com

Website : www.bonetumour.in

Phone : (044) 2644-1523

Chief Consultant

Consultant

Consultant

Consultant

Prof. Mayilvahanan Natarajan

Prof. K. Annamalai

Dr. RM. Alagappan

Dr. M.D. Kumar

M.S.Orth. M.Ch.Orth. (L'pool) Ph.D.

M.S.Orth. D.Orth.

M.S.Orth. M.Ch.Orth.

M.S.Orth.

24.10.19

MEDICAL CERTIFICATE

This is to certify that Ms. RISHIKA F/ 19 yrs

A' scope

..... UNDERWENT ACL RECONSTRUCTION (R) KNEE

He/She is advised rest for..... ONE MONTH (15.10.19 TO 15.11.19)

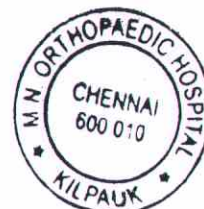
He/She is fit to join duty on 16.11.19


Senior Medical Officer

MR T M RAO

Rgn 47806

MNO4



6

Dr Srihari Ayyamuthu

Flat 1A
P. Block No.55
6th Avenue
Anna Nagar
Chennai
600040
Email : docsunny55@yahoo.com

28 October 2019

The Head of Dept

Dept of Visual Communications
Vels University
Pallavaram
Chennai

Srihari
29/10/19

Subject: Sebastian Srihari II yr BSc VisCom Scribe for University Semester Exam

Respected Madam

I kindly request you to accept NANCY ALEXANDER B.Com as Sebastian's scribe for the upcoming semester exams.

Kind regards

Thank you

Sincerely

Dr Srihari Ayyamuthu

Mrs. Sosamma Srihari

Parents

Sosamma Srihari

Forwarded to the COE
P. Shanku
29/10/2019

Dr. P. ...
Vels Institute of Science, Technology and Advanced Studies,
Pallavaram, Chennai - 600040

GOVERNMENTY PERIPHERAL HOSPITAL, K.K. NAGAR,
CHENNAI 78

Disability Certificate

Certificate No. _____

CERTIFICATE FOR THE PERSON WITH DISABILITIES

This is to certify that
 Shri/Smt. SEBASTIAN SELVARAJ ^{son} of Dr. SELVARAJ Shri
Dr. SELVARAJ age _____ is a case of Physically disabled /
 visual disabled / speech and hearing disabled / mentally disabled and has
50% (Blindness) % (Blindness)
 permanent Physical impairment / visual impairments speech and hearing
 impairment / mentally impairment in relation to his / her self.

Note:

**DUE TO THE ABOVE MENTIONED DISABILITY
 FOLLOWING CONCESSION MAY BE GIVEN**

- ✓ 1. EXEMPTION FROM TAMIL / SECOND LANGUAGE ✓
 - ✓ 2. EXTRA ONE HOUR FOR WRITING THEORY EXAM ✓
 - ✓ 3. ALLOCATION OF A SCRIBE ✓
 4. OVER LOOKING SPELLING MISTAKES AND GRAMATIC ERRORS
 5. USING CALCULATOR
1. This condition is progressive / Non-progressive / likely to improve / not likely to improve.
 2. Re-assessment is not recommended / is recommended after a period of _____ Months / years.
- Strike out which is not applicable.

SEBASTIAN
 Signature / Thumb Impression



REGISTRATION No. _____
 GOVT. PERIPHERAL HOSPITAL
 K.K. NAGAR, CHENNAI 78

[Signature]
 Chairman

Dr. M. SURESH, M.B.B.S., D.M.T.H.
 CONSULTANT
 GOVT. PERIPHERAL HOSPITAL
 K.K. NAGAR, CHENNAI 78



சென்னைப் பல்கலைக்கழகம்
UNIVERSITY OF MADRAS

2015/

0108487

CENTRE CODE 1336	REG. NO. / ENRL. NO. 311408501/	FOLIO NUMBER DKSA04931	DATED 09-08-2017
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PROVISIONAL CERTIFICATE - B. COM

This is to certify that NANCY A /
has qualified for the degree of BACHELOR OF COMMERCE
he/she having passed the above Degree Examination held
in APR. 2017 as follows :
FOUNDATION COURSES :



LANGUAGE TAMIL
ENGLISH
CORE MAIN COMMERCE
COURSE

SECOND CLASS
SECOND CLASS
FIRST CLASS

CHEPAUK, CHENNAI - 600 005.

ASSISTANT REGISTRAR



இந்திய தனிப்பட்ட அடையாள ஆணைய அமைப்பு

இந்திய அரசாங்கம்
Unique Identification Authority of India
Government of India

பதிவு அடையாளம் / Enrollment No 1183/61020/22604

To,
அ நான்சி
A Nancy
D/O: Alexander
33/48
15/06/2014
1ST STREET KAMARAJAR COLONY
Kodambakkam
Kodambakkam Chennai Chennai
Tamil Nadu 600024
9092402354

Ref: 24 / 12S / 10632 / 10866 / P



SE131353725FT



உங்கள் ஆதார் எண் / Your Aadhaar No. :

7472 7161 8439

ஆதார் - சாதாரண மனிதனின் அதிகாரம்



இந்திய அரசாங்கம்

Government of India



அ நான்சி
A Nancy
பிறந்த நாள் / DOB : 11/02/1997
பெண்பால் / Female



7472 7161 8439

ஆதார் - சாதாரண மனிதனின் அதிகாரம்

From:-

K. SomATHY

M/o K. SANTHOSH KUMAR (14602134)

B. E Computer Science
Vels university

Nov-18

12/11/19

To:-

The Examination controller
Vels university

Respected Sir:-

My son K. Santhosh Kumar [14602134] of
B.E computer science Department met an accident
and got his right clavicle broken and been operated
since he is under medications he is unable to write
his examination on his own, therefore I request
you to permit him to complete his examinations
using scribe, kindly grant my request and help
my son complete his examinations to the fullest
Thank you

Yours sincerely
K. Somathy


(K. SomATHY)

I have with enclosed under
leaf the Identity card of his
scribe for your notice,

Specimen Scribe

Magesh Kanna - 9094195136

Santhosh Kumar - 9840198653


12/11/19


12/11/19

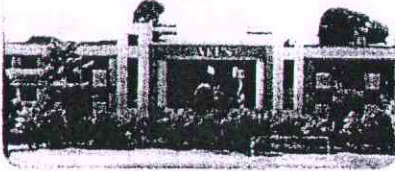


VELS
UNIVERSITY

VELS INSTITUTE OF SCIENCE, TECHNOLOGY AND ADVANCED STUDIES (VISTAS)
Deemed to be University Estd. u/s 3 of the UGC Act, 1956
Velan Nagar, P V Vaithiyalingam Road, Pallavaram, Chennai - 117
Ph : 044 - 2266 2500 / 01 / 02 / 03 Fax: 044 - 2266 2513
Web: www.velsuniv.ac.in



M.S.MAGESH KANNA
BE MECHANICAL
2014-2018
UP14G6040005



Father's Name : M.Sekar

Blood Group : O+ve

Date of Birth : 31.10.1996

Resi. Address :

No.28/33, Kailash Sector,
Chinnametapalayam,
Kaladipet, Thiruvortiyur,
Chennai-19

Contact No. : 9094195136
7708323117



UP14G6040005

Dr. B. Krishnamurthy
Registrar

If card is lost or misplaced, Please return it to
the mentioned university address



Aakash Hospital

#393/1, Thiruvottiyur High Road, Chennai - 600 019. Tamil Nadu, India.

Tel : +91 44 2573 0099 / 4203 4109 Fax : +91 44 2573 0033

E-mail : aakashsrk_dr@yahoo.co.in / aakashsrkdr@gmail.com / Web : www.aakashhospital.in

12/10/2018

Medical Certificate

This is to certify that MR.SANTHOSH KUMAR, 20 years male is suffering due to comminuted fracture shaft of clavicle and operated by plate osteo synthesis. The fracture is in ^{uniting} ~~uniting~~ stage and he is in rehabilitation stage. He is advised to avoid over ~~stream~~ ^{streaming} the right upper limb and shoulder such as prolarged writing works, lifting weights etc. He may be allowed to have a scribe while appearing in his academic examinations requiring prolonged writing.



DR.KALIRAJ.,MS

REG.NO: 66627.

12.11.2019

From,

Meenakshi.S,
Visual Communication,
BSc - II year
VISTAS

To,
The Controller VISTAS

Respected sir,

SUB: Requesting to permit Scribe based exam

I have been severely injured in a bike accident and am unable to write the examination dated today on my own. There is a severe ligament injury and doctor has advised me to take severe care and bed rest. Since, this is a semester exam I have requested my brother who is working as software engineer to attend as scribe. I request your kind office to approve this for today.

Thanking you,

els

Nov 19

Pl. Pank

Ans
12/11/19

Yours Respectfully,

S. Meenakshi



Dr. KAMAKSHI MEMORIAL HOSPITAL PVT. LTD.

No.1, Radial Road, Pallikaranai, Chennai - 600 100.

Tel : 6630 0300 / 301 / 302, 71 200 200.

To
The Controller of Examination,
VELS UNIVERSITY
CHENNAI.

12/11/19

Respected Sir,

I hereby declare that Ms. Meenakshi,
19 yr / f, studying 11th yr Viscom in your reputed
Institution has had a fall from the bike &
obtained severe lacerated injuries in (R) arm (viz
(R) Knee joint, ankle & chin with ? ligament injury
in (R) Shoulder. She has been treated for the
above said i.e. C&D (daily), Oral Antibiotics & Analgesics
& has been advised complete rest. I kindly
request you to consider her & please do the
needful.

Thanking you.

Cordially.

DR. S. JAVANTHIMURALI, M.B.B.S., D.G.O.

Regd. No. 58099

Mobile : 9443690675

*This letter head is for prescription purpose only, not for Certificates.

Expanding the Frontiers of Health Care

Anna University



Reg.No. 312111104031/RG

The Syndicate of the Anna University hereby makes known that **JAYARAMAN K M** has been admitted to the **DEGREE OF BACHELOR OF ENGINEERING** in **COMPUTER SCIENCE AND ENGINEERING** under the Faculty of Information and Communication Engineering, having completed the prescribed programme of study and having been certified by the duly appointed examiners to be qualified to receive the same, and has been placed in **FIRST CLASS** at the Examination held in **APRIL 2015**.

Given under the Seal of the University





VELS



INSTITUTE OF SCIENCE, TECHNOLOGY
& ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY Estd. u/s 3 OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALLAVARAM - CHENNAI - INDIA

HALL TICKET - NOVEMBER 2019 END SEMESTER EXAMINATIONS



Name of the Course : B.Sc.-VISUAL COMMUNICATION
Register Number : 18108129
Name of the Candidate : MEENAKSHI S
Date of Birth : 30/04/2000 Gender : FEMALE Semester : III

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
-	-	18PBVC33	PRACTICAL - COPYWRITING	3	-		
-	-	18PBVC31	PRACTICAL - COMPUTER GRAPHICS	3	-		
-	-	18PBVC32	PRACTICAL - APPLIED PHOTOGRAPHY	3	-		
14/10/2019	FN	18SSKU11	SOFT SKILLS - I	3	-		
07/11/2019	FN	18LENG31	ENGLISH PAPER - III	3	E	ENB216	C14
09/11/2019	FN	18LTAM31	TAMIL PAPER - III	3	E	ENF303	E15
12/11/2019	FN	18CBVC31	INTRODUCTION TO JOURNALISM	3	T	TTB306	A11
14/11/2019	FN	18CBVC32	ADVERTISING	3	T	TTB304	C13

FN (09:30 AM-12:30 PM)

E-ENGINEERING BLOCK, T-TEACHER TRAINING

Controller of Examinations

Signature of the HOD

Signature of the Candidate

(Instructions overleaf)

From

D. Pugazhendhi,
(F/o P. Dhanapriyeshw - Reg No. 16107115)
No. 5, Suriya Avenue,
Chromepet,
Chennai - 46.

To The Controller of Examinations
Vels University,
Chennai - 44.

Sir,

My son P. Dhanapriyeshw Reg No. 16107115

has completed B.Sc. BioTechnology course in
May 2019, but he has three unread
papers.

The govt of Tamil Nadu Medical Team
evaluated my son and issued medical
certificate with mild MR and Dylexia issues and
also issued disability certificate No. TN. RPM
MR 46729 dt 2.9.2011.

Based on Medical board letter dt 17.4.17
Chennai we got permission to have scribe in
the previous semester examination.

Kindly extend the facility to appoint
scribe to write his examination in Nov. 2019
also.

12.11.2019
Chennai - 44.

Yours Sincerely



D. PUGAZHENDHI.



VELS



INSTITUTE OF SCIENCE, TECHNOLOGY
& ADVANCED STUDIES (VISTAS)

(DEEMED TO BE UNIVERSITY Estd. u/s 3 OF THE UGC ACT, 1956)

NAAC ACCREDITED

PALLAVARAM - CHENNAI - INDIA

HALL TICKET - NOVEMBER 2019 END SEMESTER EXAMINATIONS



Name of the Course : B.Sc.-BIOTECHNOLOGY
Register Number : 16107115
Name of the Candidate : DHANAPRIYESH
Date of Birth : 05/12/1998

Gender : MALE Semester : Passed Out

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
11/2019	AN	15DBBT51	MICROBIAL AND ENVIRONMENTAL BIOTECHNOLOGY	5	T	TTB311	B2 1
21/11/2019	AN	15CBBT61	BIOFERMENTATION AND DOWNSTREAM PROCESSING	6	T	TTB102	B2 2
23/11/2019	AN	15CBBT62	MEDICAL CODING AND CLINICAL RESEARCH	6	T	TTB304	D2 5

AN (01:30 PM-04:30 PM)

T-TEACHER TRAINING , T-TEACHER TRAINING BLOCK

Controller of Examinations

Signature of the HOD

Signature of the Candidate

Dept. of Biotechnology
Vels University

Request Letter

From,

R. Tilak,
B.A. Western Classical music 1st year,
VISTAS,

To,

The Controller of Examination,
VISTAS,

penitka
12/11/19

Respected sir,

As I am visually impaired, I need
the help of scribe assistant for my semester
exam, please help me,

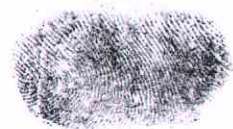
Thanking you

date: 14/11/19

S. Subbu Lakshmi

Your obediently
R. Tilak.

Prof. Dr. S. SUBBU LAKSHMI
Director
School of Music And Fine Arts
VISTAS
Chennai - 600 117.



Handwritten notes at the top left of the page.

GOVERNMENT OF TAMIL NADU
உதவிகள் பதிவு புத்தகம்
PASS BOOK



வழங்கும் அதிகாரம்
தமிழ்நாடு அரசு
Issuing Authority
Government of Tamil Nadu

மாநிலக் குறியீடு State Cod மாவட்டத்தின் பெயர் Name of the District மாற்றுத்திறத்தின் குறியீடு Differently Abled அடையாள அட்டை எண். Identity Card No.

IN C.U.D V-I 3096

குறிப்பு VLR 78554 :
இந்த அடையாள அட்டைக்குரியவர் மத்திய அரசு, மாநில அரசு சார்ந்த
மாற்றுத்திறம் உள்ளவர்களுக்கு நிர்வாகிகளால் வழங்கப்படும் உதவிகள் / சலுகைகள்
அளவளவிப்பது வெளியிடப்படும் சட்டம் / விதி அறிவுரைகளுக்குப்பட்டு பெறத்
குடியுடையவராவார். தவறான வழியிலே / மோசடியாகவோ
மாற்றுத்திறனரயின் சலுகைகளைப் பெறுதல் / பெற முந்தித்தல்
தண்டனைக்குரியது ஆகும். மீறினால் இரண்டாண்டு சிறைத்தண்டனை
அல்லது ரூபாய் இருபதாயிரம் அபராதம் அல்லது இரண்டும் சேர்த்தோ
தண்டனையாக வழங்கப்படும்.

Instruction
The holder of the identity Card for Person with Differently Abled is eligible to
claim concession / benefits provided by Central Government State
Government, Statutory Bodies and other Local authorities in accordance with
the Atc / Reules / Instructions issued by the so authorities form time to time

Whoever fraudulently avails or attempts to avail any benefit meant for Differently
Able Persons. Shall be punishable with imprisonment for a term, which may
extend to two years or with fine which may extend to twenty thousand rupees or
with both.

Handwritten signature: R. Thilak

R. திலக்
s/o - E. ராமமூர்த்தி
865/A, திவாரத்திம் தெரு
MKN நகர், வெள்ளையூர்
பெருச்சி கிராமம், கரூர்
அரசகோணம் - 252201 - 632001
செல் எண் 2060 1050 2713 ஸ்டூடென்ட்
மாற்றல் அட்டை

மாற்றுத்திறனாளிகள் தலை அலுவலர்
வேலூர் மாவட்டம்.

வழங்கப்பட்ட தேதி 15-3-2011
Date of Issue

செல்லுபடியாகும் காலம்
NValid up to

(18 வயதிற்குட்பட்ட குழந்தைகளுக்கு மட்டும்)
(Only for Children below 18 years of age)

1. பெயர் Name **R. THILAK**
2. தந்தை/தாய் பாதுகாப்பவர் பெயர்
Father / Mother / Guardian Name **E. RAMAMURTHY**
3. பிறந்த தேதி மற்றும் வயது
Date of Birth & Age **29061987 23**
4. பாலினம் Sex
 ஆண் Male பெண் Female
5. வகுப்பு Community
தர்.வ. / ப.வ. / வி.வ. / மி.வி.வ. / மற்றும் ச.ம. / ம.வ.
SC / ST / BC / MBC / & DC / Others
6. முகவரி (தொலைபேசி எண்ணுடன்)
(Address / with Telephone No.) **6E, 402, quarters
Block 19, NEVELI-3
சென்னை-600025
HSS**
7. இரத்தத்தின் குழுவும்
Blood Group
8. கல்வித்தரம் தொழில்நுட்ப / தொழில்நுட்ப
Educational Qualification / Vocational / Professional
9. குடும்ப வருமானம் (ஆண்டு)
Family income (PA)
10. கையொப்பம்

11. வேலைவாய்ப்பு அலுவலகத்தில்
பதவி செய்யப்பட்டுள்ளதா?
Whether Registered in Employment
 ஆம் Yes இல்லை No

12. மாவட்ட வேலைவாய்ப்பு
அலுவலகம்
District Employment
வாழ்க்கைத் தொழில்
மறுவாழ்வு மையம்
Vocational Rehabilitation
Centre (VRC)

பதிவு எண் Reg. No. [] []
பதிவு எண் Reg. No. [] [] [] [] [] []

13. அங்க அடையாளங்கள் (i)
Identification Marks (ii)
14. மாற்றுத்திறன் தன்மை
Nature of Differently Abled
15. மாற்றுத்திறன் தன்மை அளவு / சதவீதம்
Degree / Percentage of Differently Abled **V-I 100%**
16. மருத்துவச் சான்று வழங்கியது / வழங்கியவர்
Medical Certificate Issued by
(அ) மருத்துவக்குழு (a) Medical Board
(ஆ) வழங்கிய நாள் (b) Date of Issue

Handwritten signature: R. Thilak
மாற்றுத்திறனாளிகள்
மாற்றுத்திறனாளிகள் தலை அலுவலர்
சென்னை
Signature of Person with Differently Abled
Ward Officer With Seal

மாற்றுகள் உதவிகள் வழங்கப்பட்ட அளித்த விவரம்
Details of Benefits & Concessions Provided

வ. எண். S No.	நாள் Date	வழங்கப்பட்ட உதவிகள் விவரம் Details of benefits Provided	வழங்கிய அலுவலரின் கையொப்பம் அலுவலக முத்திரையுடன் Signature of the Officer with Seal
(1)	(2)	(3)	(4)

மாற்றுகள் உதவிகள் வழங்கப்பட்ட அளித்த விவரம்
Details of Benefits & Concessions Provided

வ. எண். S No.	நாள் Date	வழங்கப்பட்ட உதவிகள் விவரம் Details of benefits Provided	வழங்கிய அலுவலரின் கையொப்பம் அலுவலக முத்திரையுடன் Signature of the Officer with Seal
(1)	(2)	(3)	(4)

12.5.2017

13/5/17

மாற்றுகள் உதவிகள் வழங்கப்பட்ட அளித்த விவரம்
Details of Benefits & Concessions Provided

PH. 17. 46

H7476

18-01-2017

18-1-17

**மாற்றுத்திறன் சான்றிதழ்
Differently Aabled Certificate**

மருத்துவமனை/நிறுவனத்தின் பெயர் மற்றும்
Name & Address of the institute / Hospital issuing the Certificate
மற்றும்
சான்றிதழ் எண்
நாள்
Date

மாற்றுத்திறனாளிகளுக்கான மருத்துவ சான்றிதழ்
Certificate for the Differently Aabled persons

கீழ்க்கண்ட/என்கள்
த. பெ./க./வெ. பெயர்
ஆண்/வயல் பதிவு இவள்

மருத்துவமனை/நிறுவனத்தின் பெயர் மற்றும்
மற்றும்
சான்றிதழ் எண்
நாள்
Date

மாற்றுத்திறனாளிகளுக்கான மருத்துவ சான்றிதழ்
Certificate for the Differently Aabled persons

This is to Certify that Shri/Smt./Selvi R. Manick
Son/Wife/Daughter of R. Ramamathi
Shri. 23 old male / female, Registration No. 607001
a case of Blindness
He/She is physically differently abled / Visual Disabled / Speech & hearing Disable
and has 100% percent
permanant (Physical Impairment/ Visual Speech & Hearing impairer
in relation to his/hers.

Note

1. மாற்றுத்திறன் சான்றிதழ் மருத்துவமனை/நிறுவனத்தின் பெயர் மற்றும்
மற்றும் சான்றிதழ் எண் குறிப்பிட்டுக் கொள்ளப்படும்.
2. இவ்வாறு சான்றிதழ் வழங்கப்படும் மாற்றுத்திறன்
சான்றிதழ் நிலைமை 'progressive / non progressive / likely to improve'
3. மாற்றுத்திறன் சான்றிதழ் மருத்துவமனை/நிறுவனத்தின் பெயர் மற்றும்
மற்றும் சான்றிதழ் எண் குறிப்பிட்டுக் கொள்ளப்படும்.
4. Re-assessment is not recommended after a period of 3 months.

Senior Civil Surgeon
Govt. Head Qrs. Hospital
Cuddalore-1.

Senior Civil Surgeon
Govt. Head Qrs. Hospital
Cuddalore-1.

Senior Civil Surgeon
Govt. Head Qrs. Hospital
Cuddalore-1.

Signature / Thumb impression of the patient.



Senior Civil Surgeon
Govt. Head Qrs. Hospital
Cuddalore-1.

A.R. Eye Clinic

12, SUBRAYAN ST.,
ARAKKONAM-631001.
Cell : 89404 32432

Rtn. PP. Dr. A. Radhakrishnan,
M.B.B.S., D.O., M.S.,
Secretary, Indian Medical Association,
Consultant Ophthalmologist

Dr. R. Kannan,
M.B.B.S., M.S. (Ophthal), FICO
Consultant Ophthalmologist
Phaco Surgeon

Date : 13/11/19

TO WHOMSOEVER IT MAY CONCERN

Respected Sir/Madam,

I have examined Mr. P. Thilak
and is diagnosed to have Retinitis
Pigmentosa & Maculopathy and has best
Corrected Visual Acuity of PL ⊕ in both eyes.

Due to his Visual impairment,
The student may benefit & scribe assistance
for his examination.

Kindly do the needful.

Yours sincerely



Dr. R. KANNAN, M.B.B.S., M.S. (Ophthal), FICO,
Reg. No. 102775
A. R. EYE CLINIC
12, Subarayan Street, Arakkonam-1



திருவள்ளூர் பல்கலைக்கழக கலை மற்றும்
அறிவியல் கல்லூரி, அரக்கோணம்-631 051. வேலூர் மாவட்டம்.

THIRUVALLUVAR UNIVERSITY COLLEGE OF
ARTS AND SCIENCE, Arakkonam-631 051. Vellore District

No.

0139

Folio No. : 356/16/131

TRANSFER CUM CONDUCT CERTIFICATE

1. Name of Student : ARAVIND. K
2. Father's Name : KUMAR
3. Date of Birth : 06-05-1995 [Six - May - Ninety Five]
4. Nationality : INDIAN
5. Religion, Caste : HINDU, ADI DRAVIDAR
6. Community : SC
7. Course of Study : B. COM Subject : GENERAL
8. Period of Study : From 2013 To: 2015
9. Date, Month & Year of admission : 18-06-2013
10. Whether Completed the Course / Qualified for admission to higher degree course : REFER GRADE CARD
11. Identification Marks : 1. A black mole on the right hand wrist
2. A scar on the left feet
12. Has any due to the college : NO DUES
13. Date of Leaving the Course : 30-03-2016
14. Reason for leaving : COURSE COMPLETED
15. Conduct and Character : SATISFACTORY

Place : ARAKKONAM

Date : 24-06-2016

* No Separate Conduct Certificate is issued.

THIRU VIVE VASU


PRINCIPAL
THIRUVALLUVAR UNIVERSITY
COLLEGE OF ARTS & SCIENCE
ARAKKONAM, VELLORE DISTRICT

From:

Date: 25/11/2019

P. Srinivasa Reddy

P/o P. Yagna Rishi

M.Sc. Viscom I year

Vels University

Chennai

To

The Registrar

Vels University

Chennai

Dear Sir

Sub: Request for concessions in the examinations

My son P. Yagna Rishi is assessed to have learning disability i.e. dyslexia by doctors.

He has availed some concessions from the University of Madras as recommended by qualified doctors. A copy of the certificate issued by Government of Tamil Nadu is enclosed for your reference.

Now we request your honorable University to grant the following concessions for your examinations:

- 1) Overlooking of spelling mistakes and grammatical errors.
- 2) Extra one hour time for writing theory exams.
- 3) Appointment of scribe.

Thanking you
Yours faithfully

May be permitted
Governing
body

P. Srinivasa Reddy
P. SRINIVASA REDDY



UNIVERSITY OF MADRAS

Centenary Buildings, Chepauk, Chennai-600 005
(Established under the Act of Incorporation XXVII of 1857-
Madras University Act 1923) [State University]
Phone(044)25399473

No.ERC// Dyslexia/Exemption/2015-2016/ 404
From

Dated: 27 AUG 2015

The Registrar,
University of Madras.

To
The Principal,
Alpha Arts and Science College
Thundalam, Porur, Chennai-600 116.

Sir/Madam,

Sub: Grant of exemption from studying language (English) & other concessions -
Dyslexia students - intimation-reg.

I am, by direction, to inform you that the exemption /concessions has been granted to the candidate(s), (3 No's) as mentioned below against each, studying first year Under Graduate degree Course in your college during the academic year 2015- 2016, till the candidate(s) passes all the papers prescribed for the degree based on the Medical Board Certificate submitted by them and as per the Ordinance of the University, since they are suffering from Dyslexia (Arithmetic/Mentally Disabled/Specific learning disorder).

Sl.No.	Name of the Candidate	Course studied	Exemption/concession granted.
1.	T. Siddarth	B.Sc. Visual Communication	1. Exemption from appearing the examination under Part-I Second Language other than English. 2. Allowed to Extra one hour time for writing the Theory exams. 3. Overlooking of spelling mistakes and grammatical errors.
2.	P. Yasvarishi		1. Exemption from appearing the examination under Part-I Second Language other than English. 2. Allowed to Extra one hour time for writing the Theory exams. 3. Overlooking of spelling mistakes and grammatical errors. 4. Allowing appointment of a scribe

.....2

3.	Nikita	B.Sc. Visual Communication	<ol style="list-style-type: none">1. Exemption from appearing the examination under Part-I Second Language other than English.2. Overlooking of spelling mistakes and grammatical errors.
----	--------	----------------------------	--

I am also to request you that the candidates concerned may be informed accordingly.

Yours faithfully,


28/8/18
REGISTRAR.

Copy to: 1. The Section Officer, E/ B.Sc. Section for necessary action.
2. Individual concerned.



VELS



INSTITUTE OF SCIENCE TECHNOLOGY & ADVANCED STUDIES (VISTAS)
(Deemed to be university Estd. u/s 3 of the UGC Act, 1956)

PALLAVARAM - CHENNAI
ACCREDITED BY NAAC WITH 'A' GRADE
Marching Beyond 25 Years Successfully

HALL TICKET END SEMESTER EXAMINATIONS NOVEMBER 2019



Name of the Course

Register Number

M.Sc.-VISUAL COMMUNICATION

Name of the Candidate : 19229109

Date of Birth : YASVARISHI P

Gender :

12/09/1998

MALE

Semester : I

Date of Examination	Session	Subject Code	Subject	Semester	Block	Room No.	Seat No.
20/11/2019	AN	18PMVC13	PRACTICAL - AUDIOGRAHY	1	-	LAW BLOCK- LWB002 ENB314 ENB316	E13
		18PMVC15	PRACTICAL - SCREEN WRITING	1	-		
		18PMVC11	PRACTICAL - GRAPHICAL ARTS - I	1	-		
		18PMVC12	PRACTICAL - CREATIVE ILLUSTRATION	1	-		
		18CMVC11	APPROACHES TO HUMAN COMMUNICATION	1	L		
22/11/2019 25/11/2019	AN AN	18CMVC12	THEORIES OF VISUAL ANALYSIS	1	E	ENB314 ENB316	B13 A14
		18CMVC13	UNDERSTANDING FILM SEMIOTICS	1	E		

01:30 PM-04:30 PM

E-ENGINEERING BLOCK, L-LAW BLOCK

Controller of Examinations

P. Shankar
Signature of the HOD

Nishi
Signature of the Candidate

