NAAC 'A' Grade | Approved by AICTE | Affiliated to Anna University

OFFICE OF THE CONTROLLER OF EXAMINATIONS

JOINT DECLARATION FORM

Scribe Name	:		Scribe Photo
Father Name	:		
Complete Address	:		
Mobile Number	:		
ID proof	:		
Educational Qualification	on:		
support of my scribe a knowledge and nothing	pplication form is has been hidden	y, declare that all the informates true, complete and correct to by me. If any of them is found and/or cancellation of my car	to the best of my to be incorrect or
Signature of the Applica	ant	Signature	of the Scribe
For CoE office use on	ıly:		
The applicant fulfills a he/she may be allowed t		nts of scribe eligibility criteria	a. Therefore,
Name & Signature with	Designation Date	e:	

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