

**OFFICE OF THE CONTROLLER OF EXAMINATIONS
ARUL ANANDAR COLLEGE (Autonomous) Karumathur - 625 514**

VERIFICATION FORM					
APPLICANT'S NAME :		ROLL NO :			
CORRECTION FOR					
NAME	<input type="text"/>	ROLL NO.	<input type="text"/>	GENDER	<input type="text"/>
COURSE	<input type="text"/>	DATE OF BIRTH	<input type="text"/>	MARKS	<input type="text"/>
PHOTO	<input type="text"/>	PART V	<input type="text"/>	SELF LEARNING	<input type="text"/>

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