

**EXAMINATIONS WRAPPER**

Register No.	Examination	Name of the Student	Semester	Programme and Branch	Year
Course Code for which Photocopy Received					
Name of the Course					
1	Are you satisfied with the evaluation?	Yes/No	Yes/No	Yes/No	Yes/No
	If not satisfied, Specify the reason				
Estimate the Marks you lost due to each of the following after going through the answer scripts					
2	a	Trouble in remembering the facts			
	b	Lack of understanding the concepts			
	c	Careless mistakes			
	d	Not knowing the answers			
	e	Others (Please specify)			
What help do you expect from the faculty member, further?					

Signature of the Student with date      Name & Signature of the ACoE with date      Name & Signature of the DCoE with date      Signature of the CoE