

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

FORM TO BE FILLED BY MALPRACTICE CASE

Date:

S.NO	DETAILS	TO BE FILLED BY THE STUDENT	
1.	Name of the student		
2.	Register Number/Semester		
3.	Department		
4.	Date of Examination / Hall Number		
5.	Course Code & Name of the course		
6.	Nature of Malpractice (Please tick)	1. Usage of incriminating materials <input type="checkbox"/> 2. Possessing of incriminating materials <input type="checkbox"/> 3. Possessing of Mobile phones/Programmable devices <input type="checkbox"/> 4. Usage of Mobile phones/Programmable devices <input type="checkbox"/> 5. Materials written on Calculator/Desk/Scale /Hand/other <input type="checkbox"/> 6. Exchange of Answer paper/question paper <input type="checkbox"/> 7. Copy from another student <input type="checkbox"/>	
7.	Reason for Malpractice		
Signature of the Student			

Dear Sir/Madam,

Please find enclosed the answer script and incriminating material/mobile phones etc., possessed by the student who has indulged in malpractice during the end semester examinations on -----.

This is for your kind information and necessary action please.

Signature of  
Hall Invigilator/Squad

Signature of  
Anna University Representative

**CONTROLLER OF EXAMINATIONS**