

**Application for Re-checking
(Accounts Department Copy)**

Program Batch Semester

Name of Student

Father's Name

Mother's Name

Examination DEC 2016 ESE University Enrollment No.

Mobile No. E-mail ID

SUBJECTS FOR WHICH RE-CHECKING IS REQUESTED						
S No.	Course Code	Course Title	Previous		Revised	
			Marks (60)	Grade	Marks (60)	Grade
1						
2						
3						
4						
5						
6						
7						

- An amount of Rs _____ towards Re-checking Fee for _____ papers @ 500 /- per Course has been deposited vide Fee receipt no. _____ dated _____ and copy of the Fee receipt is enclosed herewith.
- Please attach a copy of online published Result of yours/attach a copy of your issued Grade Card with this application form.

Date _____

Signature of the Student _____

Signature of the HoI/Dean _____

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(Examination Department Copy)**

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Controller of Examinations _____