

**Application for Re-checking
(School Copy)**

Program Batch Semester

Name of Student

Examination University Enrollment No.

Mobile No. E-mail ID

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

1. 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.

Date _____

Signature of the Student

Signature of the Dean

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

Program Batch Semester

Name of Student

Examination 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						

1. 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.

Controller of Examinations