

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

Program  Batch  Semester

Name of Student

Examination  MAY 2017 ESE University Enrollment No.

Mobile No.  E-mail ID

SUBJECTS FOR WHICH RE-CHECKING IS REQUESTED				
S No.	Course Code	Course Title	Marks Obtained	
			Marks (60/50)	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 HoI/Dean \_\_\_\_\_

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(Examination Department Copy)**

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Signature of the Student \_\_\_\_\_

Signature of the HoI/Dean \_\_\_\_\_

Controller of Examinations \_\_\_\_\_