Application Form for Re-Checking of Result of End-Semester Exam

1. Name of Student__________________________________________
2. Father’s Name____________________________________________
3. Enrolment No.____________________________________________
4. Programme________________________________________________
5. Name of the Department____________________________________
6. Month and Year of the Examination__________________________
7. Semester/Year____________________________________________
8. Course(s) in which re-checking of the End-Semester Examination Result is sought:

<table>
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<tr>
<th>Sl. No.</th>
<th>Subject Code</th>
<th>Name of Subject</th>
<th>Marks Obtained</th>
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9. Details of Payment of fee for re-checking @ Rs. 300/- per paper filled on SBI Collect:

SBI Collect Reference Id:_________________________ Date of Payment:_________________________
Date of Birth:_________________________ Amount Paid:_________________________

Date:_________________________ Signature of Student

Address:_________________________
________________________________________________________
E-mail:_________________________
Mobile:_________________________

(for Office Use Only)

Date of Receipt of Request:_________________________
Details of Discrepancy, if Any:_____________________________________________________
________________________________________________________
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________________________________________________________
Checked By:_________________________ Signature with Date_________________________