

**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						

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.
2. 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

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

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Controller of Examinations