

**GOVT. AUTONOMOUS COLLEGE, PHULBANI****APPLICATION FORM FOR RE-ADDITION OF MARKS OF END SEM**

**\_\_\_\_\_ SEMESTER \_\_\_\_\_**

<b>FOR OFFICE USE ONLY</b>	
No. _____	Date _____

1. Name (in CAPITAL letters) : \_\_\_\_\_
2. a. Examination Roll No. : \_\_\_\_\_ b. Regn. No. : \_\_\_\_\_
3. Father's Name : \_\_\_\_\_
4. Address for Correspondence : AT : \_\_\_\_\_  
PO : \_\_\_\_\_  
DIST : \_\_\_\_\_  
Contact No. \_\_\_\_\_

5. Details of Subject(s)/Paper(s) in which Re-addition of Marks desired :

Sl. No.	SUBJECT / PAPER(S)	Paper Code	Marks Awarded in End Sem
1.			
2.			
3.			
4.			
5.			
6.			

N.B. : Attach self signed photocopy of TR(Tabulation Register) & Original Money Receipt

6. Payment of Fees : Receipt No. \_\_\_\_\_ / Date \_\_\_\_\_  
Amount : \_\_\_\_\_/- (in words \_\_\_\_\_) only.

**Full signature of the applicant with date**

N.B.: Incomplete application/application without original Money Receipt/Self signed photocopy of TR(Tabulation Register) will be summarily rejected.

**ACKNOWLEDGEMENT**

Received the application with Money Receipt No. \_\_\_\_\_

Date \_\_\_\_\_ from \_\_\_\_\_ bearing

Exam. Roll No. \_\_\_\_\_

No. \_\_\_\_\_ Date \_\_\_\_\_

**for Controller of Exams.**