



GOVT. AUTONOMOUS COLLEGE, PHULBANI
APPLICATION FORM FOR RE-ADDITION OF MARKS OF TEE 2017

FOR OFFICE USE ONLY

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)	Marks reflected in T.E. column
1.		
2.		
3.		
4.		
5.		
6.		
7.		

N.B. : Attach photocopy of STATEMENT OF MARKS (Mandatory).

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/Photocopy of Statement of Marks will be summarily rejected.

ACKNOWLEDGEMENT RECEIPT

Received the application with Money Receipt No. _____ Date _____
from _____ bearing Exam. Roll No. _____

for Controller of Exams.
Govt. Autonomous College, PLB