



P.G.

Form No. 24

GOVT. AUTONOMOUS COLLEGE, PHULBANI

APPLICATION FORM FOR RE-ADDITION OF MARKS OF PART-II/PART-I

PART - _____

FOR OFFICE USE ONLY	
No. _____	Date _____

- Name (in CAPITAL letters) : _____
- a. Exam. Roll No. : _____ b. Regn. No. : _____
- Father's Name : _____
- Address for Correspondence : AT : _____
PO : _____
DIST : _____
Contact No. _____ (compulsory)

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

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

N.B. : Attach self signed photocopy Statement of Marks & Original Money Receipt.

- 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 Statement of Marks will be summarily rejected.

ACKNOWLEDGEMENT

Received the application with Money Receipt No. _____

Date _____ from _____ bearing

Roll No. _____

No. _____ Date _____

**for Controller of Exams.
Govt. Autonomous College, PLB**