

U.G. (CBCS)

Form No. 24



GOVT. AUTONOMOUS COLLEGE, PHULBANI

APPLICATION FORM FOR RE-ADDITION OF MARKS OF END SEM

_____ SEMESTER _____

| | |
|---------------------|------------|
| FOR OFFICE USE ONLY | |
| No. _____ | Date _____ |

- Name (in CAPITAL letters) : _____
- a. 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 in End Sem |
|---------|------------|--------------------|--------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |

N.B. : Attach self signed photocopy Grade Certificate & 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 Grade Certificate 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