

APPLICATION FORM FOR RE-CHECKING / RE-ADDITION

1. Name of the Candidate _____
2. Name of the Examination _____
3. Class _____ Roll No. _____
4. Details of Re-Checking :

<u>Sl. No.</u>	<u>Name of the Subject</u>	<u>Compulsory / Pass / Honours</u>	<u>Paper</u>
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5. Amount of Fees deposited Rs. _____ (Rupees _____ only)

Receipt No. _____ Date _____
(Attach the original receipt)

6. Address for correspondence _____
(In Block Letters) _____
_____ Phone _____

Certified that the Information given above are true.

Date :

Signature in full of the Examinee

Exam. Roll No. :

College Roll No. :

Receipt

Received the application along with Money Receipt No. Date

for Rs. from (Name) Class

Roll No. for Re-addition.

Date

Signature of the Receiving Officer