CONTROLLER OF EXAMINATIONS ST. XAVIER'S COLLEGE 30, MOTHER TERESA SARANI KOLKATA—700 016



Date :
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## **APPLICATION FOR SEEING OF ANSWER SCRIPTS**

1.	Name in block letters (only):																		
2.	Contact No .																T		
3.	Department:								•						•		•		
4.	Semester																		
4. Roll No. (as in admit card of semester)																			
<ul><li>5. NO. OF PAPERS</li><li>6. Details</li></ul>																			
		Paper Code					Full Marks						Pass Marks				Marks Obtained		
	UNDERTAKING:																		
	I apply to see the answer scripts fully aware that the primary purpose of the exercise is to see where I went wrong and should improve.																		
	<ul> <li>I am aware that the purpose of the exercise is not to see where I could get more marks; for this I should have applied for a Review of Marks.</li> </ul>																		
Student's Signature Vice Principal's Sig													Sign	ature		•			
7. ATTACHMENTS:  (a) SXC Canara Bank Counterfoil indicating "Fee for Seeing" (Rs. 500/-)  (b) Xerox copy of marksheet of the Semester.																			