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



RAGHABPUR

Date :	 	 	

<u>AP</u> PLICATI	ON FOR SE	EING OF A	NSWER SO	CRIPTS
. Name in block letters (only):				
. Contact No .				
. Department :				
. Semester				
. Roll No. (as in admit card of semester)				
. NO. OF PAPERS				
. Details				
	Paper Code	Full Marks	Pass Marks	Marks Obtained
UNDERTAKI	NG:			
to see where I v I am aware that	e answer scripts fully a vent wrong and should the purpose of the exe have applied for a Rev	improve.		
Student's Signature Date : -			Vice Principal	's Signature
. ATTACHMENTS: (a) SXC Canara Bank Counter (b) Xerox copy of marksheet of	_	ng" (Rs. 400/-)		