



Date :

APPLICATION FOR SEEING OF ANSWER SCRIPTS

1. Name in block letters (only):

2. Contact No .

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3. Department :

4. Semester

4. Roll No. (as in admit card of semester)

5. NO. OF PAPERS

6. Details

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.
- ◆ 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.

.....
Student's Signature

.....
Vice Principal's Signature

Date :

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7. **ATTACHMENTS:**

(a) SXC Canara Bank Counterfoil indicating "**Fee for Seeing**" (Rs. 400/-)

(b) Xerox copy of marksheet of the Semester.