



**Application form for Review of Answer Script**

**Sl. No.**

Name of the Student: \_\_\_\_\_

Enrollment No. / Registration No.: \_\_\_\_\_

Section: \_\_\_\_\_

Branch: \_\_\_\_\_

Degree: \_\_\_\_\_

Specialization(if PG): \_\_\_\_\_

Name of the Examination session: \_\_\_\_\_

(Odd / Even / Supplementary / Parallel / Other) \_\_\_\_\_

(Year of Examination)

Contact No. & e-mail of the applicant: \_\_\_\_\_

- Name of the Subjects with code: 1.  
(Subject name and code must 2.  
Match with MIS record) 3.  
4.  
5.

(Signature of the Applicant with date)

Checklist (for office use only)

1. Copy of the Admit card (\_\_\_\_)  
2. Copy of clallan for Rs. 500/- (Rupees five thousand only) (\_\_\_\_)

(Signature of the officials)

Associate Dean (Examinations)

Marks Details:

Sl. No.	Name of the Subject with subject code as per MIS	Marks before Review			Marks after review		
		Mid (50)	End (100)	Total (150)	Mid (50)	End (100)	Total (150)
1							
2							
3							
4							
5							

(Signature of the Faculty / Faculties)

(Head of the Department / First year coordinator)