

## APPLICATION FOR RECHECKING<sup>1</sup> OF ANSWER SCRIPT

*(Particulars should be filled in by the candidate in his/her own handwriting)*

1. Date of Application : .....
2. Name of Candidate (in BLOCK CAPITAL) : .....
3. Student ID No. : .....
4. Course/batch : .....
5. Date of Term Examination : .....
6. Marks obtained in the unit paper(s) in which rechecking is required

Sl. No.	Title of Unit Paper (s)	Marks obtained

**Signature of the Candidate**

**Remarks from Unit Convener**

**Name & signature of the unit convener**

**Verified by:**

**Course Coordinator**

**Head of Department**

<sup>1</sup> Rechecking of answer scripts means to ensure that all the questions attempted by the candidate have been valued, the marks awarded have been totaled correctly and that the total marks have been correctly carried over to the mark sheet

