Name of the Candidate			7	
Registration No.		Inc	lex No.	
Year	Semester			
Assessment(s) to be verifie	d			
End-semester/Year-end Examination/Final Examinati		e/Subject	Marks Received	Grade Received
otal amount paid: Rs		. 500/- per Co	urse/Subject/Examin	ation):
)			
Original receipt should be attached		ne Candidate:		
Original receipt should be attached) Date:		ne Candidate:		
Original receipt should be attached) Oate:		Marks Received	Grade Received	Changed/ Not Changed
Original receipt should be attached) Date:	Signature of th	Marks	Grade	Changed/
Original receipt should be attached) Date:	Signature of the	Marks Received	Grade	Changed/ Not Changed
Original receipt should be attached? Date: FOR OFFICE USE: Results after Verification	Signature of the	Marks Received	Grade Received	Changed/ Not Changed

Application Form for Verification of Examination Marks & Grades