



RECTIFICATION OF INTERNAL ASSESSMENT MARKS **FOR THE SESSION 20 -**

Application Sl. No. _____
(To be filled up by Office)

1. NAME OF THE EXAMINATION : FIRST / SECOND INTERNAL ASSESSMENT, 20____
(Tick appropriate term.)
2. NAME : _____
3. CLASS : _____
3. EXAMINATION ROLL NO. : _____
4. CONTACT NO. : _____
4. DETAILS OF SUBJECT(S)/PAPER(S) IN WHICH RECTIFICATION DESIRED :

Sl. No.	SUBJECT / PAPER	MARKS REFLECTED IN STATEMENT OF MARKS	MARKS CLAIMED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

N.B. : Attach self signed photocopy of STATEMENT OF MARKS.

In complete application will be rejected.

I do hereby undertake that all the information are true to the best of my knowledge & belief. I will be held responsible if found false at any stage.

Date :

Full signature of the Candidate

(Tear along the line.)

(Tear along the line.)

ACKNOWLEDGEMENT OF RECEIPT

Received the application Sl No. _____ from _____
bearing Roll No. _____ on dt _____.

Receiving Officer