



GOVT. AUTONOMOUS COLLEGE, PHULBANI
APPLICATION FORM FOR RE-ADDITION OF MARKS OF TEE 2016

FOR OFFICE USE ONLY

No. _____ Date _____

1. Name (in CAPITAL letters) : _____
2. a. Examination Roll No. : _____ b. Regn. No. : _____
3. Father's Name : _____
4. Address for Correspondence : AT : _____
 PO : _____
 DIST : _____
 Contact No. _____

5. Details of Subject(s)/Paper(s) in which Re-addition of Marks desired :

| Sl. No. | SUBJECT / PAPER(S) | MARKS REFLECTED IN STATEMENT OF MARKS |
|---------|--------------------|---------------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

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

6. Payment of Fees : Receipt No. _____ / Date _____
 Amount : _____/- (in words _____) only

Full signature of the applicant with date

N.B.: Incomplete application/application without original Money Receipt/Photocopy of Statement of Marks will be summarily rejected.

ACKNOWLEDGEMENT RECEIPT

Received the application with Money Receipt No. _____

Date _____ from _____ bearing

Exam. Roll No. _____

No. _____ Date _____

**for Controller of Exams.
 Govt. Autonomous College, PLB**