

KRISHNA INSTITUTE OF MEDICAL SCIENCES UNIVERSITY, KARAD

APPLICATION FOR VERIFICATION / REVALUATION OF MARKS TO BE SUBMITTED WITHIN FIFTEEN DAYS FROM THE DECLARATION OF THE EXAMINATION RESULT

Case No.	
Year	

Course - _____

Notes :-

1. To be submitted through the Dean / Principal of the College.
2. Students are advised to read carefully the rules printed.
3. Applications received after the last date, for any reasons, shall not be considered.
4. Copy of the statement of marks should be attached with this application form.
5. For Verification Fee of Rs. 500/- prescribed per theory Paper / Head of passing.
6. For Revaluation Fee of Rs. 1200/- prescribed per theory Paper/Head of passing.

To,
The Controller of Examination
Krishna Institute of Medical Sciences University,
Karad.

Sir,

I, the undersigned, request you to verify my marks as per details given below :-

1. Full name of the candidate :- _____
2. Full address of the candidate :- _____

3. Name of the College :- _____
4. Permanent Registration No.

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5. Seat No.

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6. Examination / Faculty : _____ Mark statement No _____
7. Year & Month of the examination : _____
8. Centre at which appeared for Theory Examination : _____
9. Result declared on : _____ Result : **Fail / Pass**
10. Details of the Marks of Examination for subject to be verified only :

Subject	Marks obtained / out of	For University office only	Subject	Marks obtained / out of	For University Office only
1.			4.		
2.			5.		
3.			6.		

11. The amount of Rupees : _____ as the fees prescribed for Verification / Revaluation of marks has been paid by D.D. no. _____
Date: / /20 Name of the Bank _____

Yours faithfully,

Date: / /2010

(Signature of the student)

Forwarded to the Controller of Examination, Krishna Institute of /Medical Sciences University, Karad for further necessary action.

PRINCIPAL