

## KARNAVATI UNIVERSITY

### APPLICATION FOR RE-CHECKING / RE-EVALUATION OF RESULTS

CANDIDATE SHOULD CAREFULLY GO THROUGH THE RULES PRINTED OVERLEAF BEFORE FILLING IN THIS FORM:

This application is **TO BE FILLED IN AND SIGNED BY THE CANDIDATE ONLY**. Application submitted on behalf of the candidate, as also incomplete application will be rejected summarily without any further reference.

1. Name of Candidate (Block letters) Mr. / Mrs. / Miss .....
2. Father's / Mother's Name .....
3. Roll No ..... 4. Exam. / Course .....
5. Sem. / Annual / Supp..... 6. Year..... 7. Fail/ATKT.....
8. College/Institute/Deptt.....

Exam. Paper No.	Title of Paper	Maximum Marks	Marks Obtained

Address .....  
(IN Block Letters)

**(Signature of Candidate)**

.....

.....Pin Code.....

Tel. No./Mobile.....

**Principal / H.O.D.**  
**(Signature with Rubber Stamp)**

Note : Signature of the candidate must correspond to that on Examination form filled in by him/her.

(TO BE FILLED IN BY THE UNIVERSITY)

Intimation No....

RECEIVED Rs.....

Date..... Receipt No.....

Date .....