## COE Suppl. Form No. 3



## **RETOTALING OF EXAMINATION PAPERS FORM**

1. Student Name (as per Matriculation)								
2. University Registration No.				3. Exam Roll Number				
4. Enrolled Program				5. Semester/ Year				
6. Result declared on				7. Date	e of Application			
8. Student Contact No.				9. Cur	riculum System	Annual	Semester	
	Please tick one of the followi □ Sessional 1 <sup>1</sup> □ Session □ Block1 □ Mid-Te	al 2 <sup>1</sup>						
11. Reason for Retotaling								
12. Mention below the course name for which retotaling application is requested.								
			7	To be fille	ed in by the Examin	nation Department		
Sr.	Course /Module/Stream Name & Code		Marks obtained before Retotaling		Marks after Retotaling	Remarks (Head Exam/ Retotaling Committee)		
i								
ii								
iii								
iv								
v								
vi								
vii								
viii								

## Student Signature \_\_\_\_\_

*Note:* Paper will not be re-checked. Retotaling includes checking and verification of the total marks, any unchecked question and reflection of marks in Continuous Assessment Tests.

<sup>1</sup> Within 03 days of the declaration of result. (*Rs. 500/- per paper/stream*)

<sup>2</sup> Within 10 days of the declaration of result. (Rs. 5600/- per paper/stream)

	Serial No.:					
CONTINUOUS A	SSESSMENT TEST	FINAL EXAMINATION				
Rs/- have been reco	eived dated	Rs/- have been received dated				
	Student Affairs Office	(Please attached a copy of paid fee receipt) Exam Department				
Action taken by	Verified by	Action taken by	Verified by			
Exam Officer	Head Exam Cell	Exam Officer	Assistant COE			
Decision Recommended by	Chairperson/HOD	Decision Recommended by	Additional Controller of Examination			
Decision Approved by	Dean/Principal/Director	Decision Approved by	Controller of Examination			

Note: Please submit a copy of the duly signed form to the Student Affairs Office.