BU/EX/PG/B.Ed/UG/APL/RECHK/F-15

BODOLAND UNIVERSITY
APPLICATION FORM FOR RECHECKING/RESCRUTINY

To

The Controller of Examinations
Bodoland University

Sir,

I request you to kindly permit for re-checking of marks/re-scrutiny of my Answer Script(s) as per particulars given in detail below :

1. Name :_____

2. Registration No. :_____ Year _____

3. Examination, Subject and Paper(s) of which re-checking/re-scrutiny is sought: *

    (a) Exam (Semester) :_____ Year _____

    (b) Enrollment No. :_____ Year _____

    (c) Department/Subject :_____

    (d) Course/Paper(s) with Code & Title : (i)_____

                  (ii)_____

*Fee of ₹200/- per Answer Script (maximum 2 Papers allowed) shall have to be deposited in University Examination Fund.

DECLARATION

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I have gone through the rules on re-checking/re-scrutiny given overleaf and I shall abide by the said rules.

Date_____ Signature of applicant in full_____

                                       Contact No._____

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT/CENTER

I am satisfied that the applicant's prayer for re-checking/re-scrutiny of evaluated Answer Script(s) is genuine and recommended for re-checking/re-scrutiny.

Date_____ Signature
                                  (with seal)

FOR OFFICE USE ONLY

Re-checking/re-scrutiny of paper(s) applied for (with date of receipt)	Amount received	Action taken	Action after re-checking/re-scrutiny

Assistant (Confidential)   Controller of Examinations (i/c)