Cost	of	Application	Form	:
Rs 10	1/-	10.00		

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Application No.	
Appendix-I	

## APPLICATION FOR REASSESSMENT OF ANSWER BOOKS

	APPLICATION FOR	( REASSESSIV	TENT OF TENE
			Case No.
Т			
TI Sa	ne Asstt.Registrar (Confident ant Gadge Baba Amravati Un	ial), iversitv.AMRAVA	TI.
Si	r, L the undersioned examines	am submitting this	s application for Reassessment of Answer
boo	ok/s, without obtaining the phot	o copy of the Answ	erbook/s
has	2010 and I accept all the ter	ms & conditions of	ovisions of the relevant Ordinance No. 66 of the said Ordinance of the University.  e University's Receipt No Bank.  dge Baba Amravati University, Amravati.
	ne details are as under:		
a)			
b)	Name of Examination:		
c)	Year of Examination:		
d) f)	Subject/paper applying for	e) C	Centre No. :
1)			
g)	Date of declaration of Ge	eneral Result.:	
h)	Reasons for Reassessmen	t:	
		-	
I de I en	eclare that the above inform close herewith my original	ation is true and c marksheet.	correct to the best of my knowledge.
Place	<u></u>		(Signature C. III
Date:			(Signature of applicant) Complete Postal Address:
			omplete i ostal Address :
Encl:	V 14		
Cash re	eceipt No. Dt.		
OK D.	D. No. Dt. I marksheet		Phone/Mobile No.
			(if ally)
*	IMPORTANTINSTRUC	TIONS TO TH	E APPLICANT EVANINE
Ι.	The fee of Rs.200/- per subje	ct/paper for reass	essment to be paid with the application
2.	from the date of the declared	my respect and	or application received after 15 days
			sult of concerned examination shall be see shall not be refunded under any
	Original Marksheet shall be hall be rejected.	submitted with	this application failing which application



Cost of Application Form: Rs.10/-

APPLICATION TO DEMAND CERTIFIED PHOTO COPY/IES OF ASSESSED ANSWER BOOK

(An Examinee shall submit separate application form for each examination within the period of 15 days from the date of the days from the date of the declaration of the general result) Case No. The Asstt.Registrar, (Confidential), Sant Gadge Baba Amravati University, Amravati. Sir. 1, the undersigned Examinee , am submitting this application for providing certified photo I declare that I have read and understood the provisions of the Ordinance No. 16/2007 and I copt all the torne and an University of the Ordinance No. 16/2007 and I copy/ies of the assessed answer book/s. accept all the terms and conditions of the said Ordinance of the University. I have paid the fee of Rs. \_\_\_\_ in cash vide the University's receipt drawn. drawn, on dated Bank, payable at Amravati in the name of Registrar, Sant Gadge Baba Amravati University, Amrvati. The details are as under: a) Name of Examinee : b) Name of Examination: c) Year of Examination: Summer/Winter 201 d) Roll No.: \_\_\_\_\_\_\_ e) Centre No.: \_\_\_\_ f) Subject/Paper(s) for which photo copy/ies has/have been demanded: g) Date of declaration of General Result : I declare that the above information is true and correct to the best of my knowledge. Place: \_\_ (Signature of applicant) Date : \_\_/\_\_/201\_ Address: Encl: Cash receipt No. Dt. Phone/Mobile No. OR D. D. No. Dt. (if any) \* IMPORTANT INSTRUCTIONS TO THE EXAMINEE \* The fee of Rs.200/- for photo copy of each answer book has to be paid along with the 1) application failing which application shall be rejected. Incomplete application in any respect and/ or application received after 15 days from the date of the declaration of the general result shall be rejected and the fees paid shall not be refunded under any circumstances. No application shall be reconsidered, once it is rejected. Original Marksheet shall be submitted with this application failing which application shall Copy of the Ordinance No. 16/2007 is enclosed with this application for the guidance of

. . . . . .

It is obligatery on the part of an examinee to fill the undertaking attached herewith

Cost of Application Rs.10/-	Form	:
145.10/-		

Application No.
Appendix-B

## APPLICATION FOR REDRESSAL AGAINST VALUATION

	To, Case No.	
T	The Asstt.Registrar (Confidential),	
Sa	Sant Gadge Baba Amravati University, AMRAVATI.	
	3 Suba Amiravati Oliversity, AMRAVATI.	
Si	ir,	
	I, the undersigned examinee, am submitting this application.	
	I, the undersigned examinee, am submitting this application for redressal regarding value of the lacept all the terms & conditions of the said Ordinance of Rs. in cash vide the University's Regarder of the University.	aluation
anc	of Lagrant II . and diderstood the provisions of the	
fee	es of Rs. in cash vide the Said Ordinance of the University	No. 16/20
by nan	I declare that I have read and understood the provisions of the relevant Ordinance of all accept all the terms & conditions of the said Ordinance of the University. I have been of Rs. in cash vide the University's Receipt No. dated drawn on Bank, payable at Am of Registrar, Sant Gadge Baba Amravati University, Amravati.	ave paid t
пап	me of Registrar, Sant Gadge Baba Amrayati University. A	
Th	he details are as under:	ravati in t
	and the second s	
a)	Name of Examinee : Name of Examination : Year of Examination : Summer/With the second	
b)	Name of Examinee : Name of Examination :	
c)	Year of Examination:	
d)	Roll No Summer winter 201	
f)	Subject/paper and it e) Centre No.	
	Subject/paper applying for redressal :	
g)	2	
6)	Date of declaration of General Result.:	
h)	Date of the intimation letter of the IV.	
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As accepted by the Management Council, dated 29.01,2007.

• As amended by Direction No.09/2009 Dt 23.04.2009