

KALAHANDI UNIVERSITY

APPLICATION FOR RE-ADDITION OF MARKS/GRADE (USE CAPITAL LETTERS)

Date: _____

Sl. No. _____

1. Name of the College :
2. Name of the Examination :
3. Name of the applicant:
4. Class _____ Exam Roll No. :
5. Paper(s) sought for Re-addition :

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			For Office Use Only	
	Paper Name & No.	Marked / Grade Obtained	Re-addition marks	Remarks
1				
2				
3				
4				
5				
6				

6. Amount of fee deposited : Rs.
(Attach Original Money Receipt)

NB: Attach Xeroxed copy of Mark Sheet

Signature of Applicant

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KALAHANDI UNIVERSITY

Date: _____

Sl. No. _____

Received the applicant for Re-addition of marks from _____

_____ bearing Roll No. _____ of UG/BBA/BCA/PG/MSW/B.Ed

Sem- _____ (Regular/Back) , 20 ____ today. i.e. ____ / ____ / ____ .

Signature of the Dealing Assistant