

APPLICATION FOR PHOTOCOPY OF EVALUATED ANSWER SCRIPT(S) FOR SELF INSPECTION

**To
The Controller of Examinations
Bhatter College, Dantan (Autonomous)**

Respected Sir,

I would like to obtain photocopy/photocopies of _____number(s) of answer script(s) for the purpose of my self-inspection only for which I am furnishing my particulars as hereunder and remitting Rs (Rupees _____ only) herewith:

a. Name (in Block Letter) :.....

b. Mobile Number:

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c. Name of the Examination and Year: UG/PG.....Semester.....Year.....

d. Registration Number.....Session.....

e. Roll..... Number

f. Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

*[Photo copy of marks sheet shall have to be attached]

g. Subjects and papers sought for review of answer scripts under the relevant Regulation of the College.

Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

h. Subjects and papers sought for both review and self inspection

Subject.....Paper.....Paper Code.....

Subject.....Paper.....Paper Code.....

Declaration

I declare that the statements given above are true and that if any of the statements is found to be false, my application shall be liable to be rejected by the Authority without any intimation to me and further that I shall not claim for refund of the fees remitted.

Full Signature of the Examinee with date

Signature of The HoD

Principal

OBSERVATION BY THE STUDENT AFTER SELF INSPECTION OF THE EVALUATED ANSWER SCRIPTS

[All the observation to be submitted together to the controller of examinations within 07 working days of receiving the Answer Scripts]

To
The Controller of Examinations
Bhatter College, Dantan (Autonomous)

Respected Sir,

I have inspected answer script(s) of UG/PG _____ Semester Examinations, Year _____ in _____ (Subject) and Paper _____ Paper Code _____ thoroughly and after inspection I would like to submit the following observation /findings:

| Question Number | OBSERVATION | | | Remarks of the College Authority |
|-----------------|---|--------------------------------|--------------------------|----------------------------------|
| | Please tick(√)the appropriate boxes of column | | | |
| | Mistake in Grand total | Mistake in Question wise total | Non-evaluated answer | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

I would therefore request you to kindly consider my observation and oblige.

Yours obediently,

 Full Signature of the Student with date

a. Name (in Block Letter) :

b. Mobile Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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c. Registration NumberSession.....

d. Roll..... Number.....

 Verified by HoD

 Principal

Date: