DR. PANJABRAO DESHMUKH KRISHI VIDYAPEETH, KRISHI NAGAR, AKOLA - 444 104 (M.S.)



APPLICATION FORM FOR RETOTALLING

To,

The Registrar, Dr.Panjabrao Deshmukh Krishi Vidyapeeth, Akola.

Subject :- APPLICATION FOR RETOTALLING AND REVALUATION OF MARKS

Sir,

appeared for Semester-End-Regular / Repeat Examination held in

I am not satisfied with the marks obtained in Theory paper of Semester-End-Regular / Repeat

Examination of following courses and desirous to get retotalling of the same .I have already seen the marks obtained in various internal examination on E-I form in my college.I request you for the retotalling of marks in the following courses for which I am depositing Rs (Retotalling Rs. 200/- and Revaluation Rs-700/-) per paper.

Sr.No	Enrollment No	Course Name	Semester	Marks obtained in Sem-End. Theory Examination in this Course	Remarks if any

Place :-	Your Faithfully
Date :-	(Signature of Student)
	Name : Enroll No :
Recieved Rs.	for Retotalling of
Courses.	Signature of Reciever