Cost of Application Form :
Rs.10/-

Application No._____

Appendix-I

APPLICATION FOR REASSESSMENT OF ANSWER BOOKS

Case No. [   ]

To,
The Asstt.Registrar (Confidential),
Sant Gadge Baba Amravati University,AMRAVATI.

Sir,

I, the undersigned examinee, am submitting this application for Reassessment of Answer book/s, without obtaining the photo copy of the Answerbook/s

I declare that I have read and understood the provisions of the relevant Ordinance **No. 66 of 2010** and I accept all the terms & conditions of the said Ordinance of the University. I have paid the fees of Rs.____ in cash vide the University's Receipt No. _____ dated _____ / by D.D. No. _____ dated _____drawn on _____ Bank, payable at Amravati in the name of Registrar, Sant Gadge Baba Amravati University, Amravati.

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 applying for reassessment:

1. _____

2. _____

g) Date of declaration of General Result.: _____

h) Reasons for Reassessment : _____
_____
_____
_____
_____
_____
_____
_____

I declare that the above information is true and correct to the best of my knowledge. I enclose herewith my original marksheet.

Place :_____
Date :_____

(Signature of applicant)
Complete Postal Address :
_____

Encl:
Cash receipt No._____ Dt._____
OR D. D. No._____ Dt._____
original marksheet

_____
_____

Phone/Mobile No._____
(if any)

----
* IMPORTANT INSTRUCTIONS TO THE APPLICANT EXAMINEE *
----

1. The fee of **Rs.200/-** per subject/paper for reassessment to be paid with the application failing which application shall be rejected.

2. Incomplete application in any respect and /or application received **after 15 days** from the date of the declaration of general result of concerned examination shall be rejected and the fee paid for this purpose shall not be refunded under any circumstances. No application shall be reconsidered, once it is rejected.

3. **Original Marksheet** shall be submitted with this application failing which application shall be rejected.

Cost of Application Form :
Rs.10/-

Case No. [   ]

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 declaration of the general result)

To,
The Asstt.Registrar, (Confidential),
Sant Gadge Baba Amravati University, Amravati.

Sir,

    I, the undersigned Examinee , am submitting this application for providing certified photo copy/ies of the assessed answer book/s.

    I declare that I have read and understood the provisions of the Ordinance No. 16/200/ and I 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 No. _____ dated _____ / _____ by D.D. No. _____ dated _____ drawn on _____ 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 :
    i) _____
    ii) _____

g) Date of declaration of General Result : _____

    I declare that the above information is true and correct to the best of my knowledge.

Place: _____
Date : ___/___/201__
Encl:
Cash receipt No._____ Dt._____
OR D. D. No._____ Dt._____

(Signature of applicant)
Address: _____
_____
_____
Phone/Mobile No. _____
(if any)

----

* IMPORTANT INSTRUCTIONS TO THE EXAMINEE *

----

1) The fee of **Rs.200/-** for photo copy of each answer book has to be paid along with the application failing which application shall be rejected.

2) 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.

3) **Original Marksheet** shall be submitted with this application failing which application shall be rejected.

4) Copy of the Ordinance No. **16/2007** is enclosed with this application for the guidance of the examinee.

5) It is obligatory on the part of an examinee to fill the undertaking attached herewith. [P T O]

******

Cost of Application Form :
Rs.10/-

Application No. _____

Appendix-B

APPLICATION FOR REDRESSAL AGAINST VALUATION

Case No. [   ]

To,
The Asstt.Registrar (Confidential),
Sant Gadge Baba Amravati University, AMRAVATI.

Sir,

I, the undersigned examinee, am submitting this application for redressal regarding valuation.

I declare that I have read and understood the provisions of the relevant Ordinance No. **16/2007** and I accept all the terms & conditions of the said Ordinance of the University. I have paid the fees of Rs.____ in cash vide the University's Receipt No. _____ dated _____ by D.D. No. _____ dated _____ drawn on _____ Bank, payable at Amravati in the name of Registrar, Sant Gadge Baba Amravati University, Amravati.

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 applying for redressal :
   1. _____

   2. _____

g) Date of declaration of General Result.: _____

h) Date of the intimation letter of the University to collect the photo copy/ies of answer book/s. : _____

i) Reasons for Grievance : _____
   _____
   _____
   _____
   _____
   _____
   _____
   _____

I declare that the above information is true and correct to the best of my knowledge.

Place : _____
Date : _____

_____
(Signature of applicant)
Complete Postal Address :

Encl:
Cash receipt No. _____ Dt. _____
OR D. D. No. _____ Dt. _____

_____
_____
_____
Phone/Mobile No. _____
(if any)

---

* IMPORTANT INSTRUCTIONS TO THE APPLICANT EXAMINEE *

---

1. The fee of **Rs.200/-** per answer book for redressal to be paid with the application failing which application shall be rejected.

2. Incomplete application in any respect and /or application received **after 10 days** from the date of the intimation letter of the University to collect the photo copy/ies of answer book/s shall be rejected and the fee paid for this purpose shall not be refunded under any circumstances. No application shall be reconsidered, once it is rejected.

*3. **Original Marksheet** shall be submitted with this application failing which application shall be rejected.

*****

As accepted by the Management Council, dated 29.01.2007.
* As amended by Direction No.09/2009 Dt.23.04.2009