

Application Form to see Answer-book (before-Re-evaluation)
(To be filled in by the student in his/her own handwriting)
(Please read carefully the Instructions/Guidelines on 2<sup>nd</sup> page of the Application Form)

| 1.  | Name of the student (in Block Letters)                                     |
|-----|--|
|     | Father's Name  |
| 3.  | Name of Examination  |
| 4.  | Roll No Enrolment No   |
| 5.  | Mobile Number of Candidate (i) (ii)  |
|     | Email ID of the Candidate  |
|     | Name of College  |
| 8.  | Year and Session   |
| 9.  | Result Fail or Pass  |
| 10. | Date of Declaration of Result  |
| 11. | Particular paper for which answer-book is to be shown.                     |
|     | Name of Paper with code Marks obtained                                     |
|     | 1  |
|     | 2  |
|     | 3  |
|     | 4  |
|     | 5  |
|     | 6  |
| 12  | . Specimen handwriting of the student                                      |
| 13  | DD and Amount of Bank DraftDated   |
|     | . Address for Correspondence   |
|     |  |
| 15  | Landline No./with Code   |
|     | I will abide by the rules & regulations of the University mentioned in the |
|     | guidelines.  |
|     | Date:  |
|     | Seal and signature of college Principal/ Director Signature of the Student |
|     | (If Student directly submit form at RTU, Kota)                             |
|     | (Space for office use only) (To be filled after seeing the Answer Book)    |
|     | Case No  |
|     | The result of the student was declared on                                  |
|     | Application received on  |
|     | Time for showing Answer- book  |
|     |  |

I have seen my answer-book

Signature of the dealing official

Signature of the student with date