



Sri Guru Ram Das University of Health Sciences, Sri Amritsar

Application Form for Rechecking of Answer book(s)

1. Applicant(Student) Name: _____
2. Roll No. _____
3. Examination : _____
4. Month & Year(Session): _____
5. Result : _____
6. Result declaration Date: _____
7. **SUBJECT/PAPERS FOR WHICH RECHECKING IS TO BE APPLIED.**

S.No.	Subject(s)	Paper(A/B) & Part-I/II	Theory Marks Obtained	Remarks, if any

8. Specimen of handwriting: _____

9. **PAYMENT DETAILS:**

Bank Name	Draft No.	Date	Amount

(Signature of Applicant Student)

Correspondence Address:-

Mobile No. _____

IMPORTANT INFORMATION

- A. The application form along with prescribed fee must reach within 10 days from the date of declaration of Result. No application shall be entertained thereafter under any circumstances.
- B. RECHECKING FEE for various courses will be Rs.1000*/- per Answer Book (as cost of Rechecking form). Separate fee shall be charged for each Answer book if a subject/paper has two parts and each part has been attempted on a different answer book.
- C. **Mode of Payment:** Payment through Demand Draft in favor of Registrar, SGRDUHS(Examination Fund).
- D. Rechecking will be done only to see that the marks awarded for various answers have been correctly added and that all the answers have been assessed by the examiner only.
- E. Revaluation of answer book(s) will not be admissible in any examination of any Faculty.