

DR. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE

RECORD OF GRACE MARKS

To,

**The Principal,
Dr. D. Y. Patil College of Agriculture,
Talsande.**

Subject:- Benefit of grace marks for semester _____

Sir,

I the undersigned _____ Reg. No. _____ a
Student form the College of Dr. D. Y. Patil College Of Agriculture, Talsande wish to get the benefit
of academic rule of grace marks of passing in the following courses.

Part-I

(Details Statement of awarding Grace Marks)

Sr. No	Academic Year & No of grace marks already given	Sem.	Course No	Credits	Marks Obtained	Grace Marks given previous	Marks Balance
1							
2							
3							
4							
5							

Part- II

(Course applied for grace marks)

Sr. No	Semester	Course No	Credits	Marks Obtained	Grace Marks required for passing	Total Marks	Remark
1							
2							
3							
4							
5							

Yours faithfully.

Signature:-

Name of the Students:- _____

(To be filled this statement & sent to the University Office duly signature with Principal)

(Detailed statement of Grace Marks)

Sr. No	Reg No	Name of Students	Academic Year & No of grace marks already given	Required Course No	Credits	Marks Obtained	Grace Marks required for passing	Marks Balance
1								
2								
3								
4								
5								

Principal