

DR. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE
APPLICATION FORM FOR RE-EVALUATION OF MARKS

To,
The Registrar,
M.P.K.V. Rahuri

Subject:- Re-Evaluation of Marks...

Sir,

I the undersigned _____ Reg. No. _____ a
Student from the College of Dr. D. Y. Patil College Of Agriculture, Talsande wish to get may marks
Re-Evaluation in the following course. Academic Session _____ Semester _____

Sr. No	Course No	Title of the course	Total Credits	Date of Examination
1				
2				
3				
4				
5				

A prescribed of Rs. 700/- (Rs.-Seven Hundred only) per course is remitted vide
Receipt No _____ dated _____ of the college of Agriculture, Talsande
Yours faithfully.

Signature:-

Name of the Students:- _____

Registration No.- _____

The prescribed fees have been remitted. The application is duly recommended for Re-Evaluation of marks.

Principal

(TO be filled in by the University Office)

The student has obtained the following marks in the mid semester examination, laboratory work & semester end examination, theory & practical examination, during the _____ semester ____

Sr. no	Course No	Code No	Total Credit	Theory		Practical		Total Marks	Remarks
				Mid Term	Final Exam	Lab Work	Practical Exam		
1									
2									
3									
4									
5									

Deputy Registrar (ACD)
M.P.K.V. Rahuri