

**DR. D. Y. PATIL COLLEGE OF AGRICULTURE, TALSANDE**  
APPLICATION FORM FOR VERIFICATION OF MARKS

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

**Subject:- Verification 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 my marks  
Verification 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. 100/- (Rs.- One 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 Verification 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