UNIVERSITY OF JAMMU

ISO CERTIFIED 9001:2000

APPLICATION FORM FOR IDENTIFICATION OF ANSWER SCRIPT AFTER RE-EVALUATION RESULT

1. Name of the candidate..

2. Examination..

3. Examination Roll No. ....

4. Year of Examination................................... (Annual/Bi-annual)..................

5. Registration No. ....

6. Address..

....

....

7. Telephone, If any ....

8. Subject and Paper in which re-evaluation was applied.

   1................................ 2................................ 3................................ 4................................

   5................................ 6................................ 7................................ 8................................

9. Subject and Paper applied for identification.

   1................................ 2................................ 3................................ 4................................

   5................................ 6................................ 7................................ 8................................

Signature of the Candidate

STATUTE :-

A candidate will be permitted to see his/her answer script/s **for identification only** on the payment of an additional fee Rs. 50/- per answer script during working hours on the written request made within 20 days from the date of declaration of re-evaluation result.