(Estd. By of Uttarakhand, vide Shri Guru Ram Rai Act No. 03 of 2017)

Patel Nagar Dehradun-248001, Uttarakhand.



Revised Guidelines for Examination Formats - Result

(As per provision of the SGRR University Act, Chapter no.-05 under Section 30)



SHRI GURU RAM RAI UNIVERSITY DEHRADUN (UTTARAKHAND)

INDEX

Form Description	Form Number	Page No. (FromTo.)
Theory Award List	Form No.: SGRRU/EXAM/RESULT- 001	02-02
Application form & Instructions for Re- Totaling of Marks	Form No: SGRRU /EXAM/RESULT- 002	03-04
Practical Award List	Form No.: SGRRU/EXAM/ RESULT- 003	05-05
Practical Students Attendance Sheet	Form No.: SGRRU/EXAM/ RESULT- 004	06-06
Practical Examination Report	Form No.: SGRRU/EXAM/ COND- 005	07-07
Application form for Provisional Certificate	Form No. SGRRU/EXAM/RESULT- 006	08-08
Provisional Certificate Format- Students	Form No. SGRRU/EXAM/RESULT- 007	09-09
	Theory Award List Application form & Instructions for Re- Totaling of Marks Practical Award List Practical Students Attendance Sheet Practical Examination Report Application form for Provisional Certificate	Theory Award List Form No.: SGRRU/EXAM/RESULT- 001 Application form & Instructions for Re- Totaling of Marks Form No: SGRRU /EXAM/RESULT- 002 Practical Award List Form No.: SGRRU/EXAM/ RESULT- 003 Practical Students Attendance Sheet Form No.: SGRRU/EXAM/ RESULT- 004 Practical Examination Report Form No.: SGRRU/EXAM/ COND- 005 Application form for Provisional Certificate Form No. SGRRU/EXAM/RESULT- 006



Form No: SGRRJ /EXAM/RESULT-001

DEHRADUN (UTTARAKHAND)

Theory Award List for End Year/ Semester /Prof. Examination: Name of College/ Institute:

Programme:						Subjec	t Code:		
Year : Semester/Prof.							t Name :		
							larks:		
Sess						Paper:			
	ion (If A			T	T -		T = W		
S. No.	Code No.	Roll number	Marks (in Figure)	Marks (in Words)	S. No.	Code No.	Roll number	Marks (in Figure)	Marks (in Words)
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2	1.	-			27				
3				88	28				
4				X 18	29				
9					30				
					31				
7					32				
8					33				
9					34				
10					35				
311					36				
12					37				
13					38				
14					39				
15				1	40				
16	74			71	41	*			
2				12 2	42				
18					43				
19					44				
20					45				
21					46				
22					47				
23					48				
24					49				
25					50				
To				Number of Abse					
Λ.	ddraec :			Conta	ct Nun	ohar:	Date		



(Estd. By Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act no. 3 of 2017)
PATEL NAGAR, DEHRADUN-248001, UTTRAKHAND, INDIA

APPLICATION FORM FOR RE-TOTALING OF MARKS

	AT DIGITION TO	MIT ON RE	THE ING OF 14	TITLE			
Name:		Enr	Enroll No./Roll No:				
Departme	ent/College:	Sem	Semester/Prof./Year:				
Program/	Course:	Con	tact No.:				
E-mail Id:							
	<u>Subjects for</u>	which Re-total	ing is required				
Sr.No	Subject/s	Paper	Marks in ESI	E/Prof/Year			
	7		Maximum	Obtained			
1	-	. 8					
2							
3			-				
4							
5							
6							
			1. 1.				
Details of f	fees paid for Re-totaling	5:		-			
Total Amou	ınt:	Date:					
				95			
Cash/DD N	0:	Bank Name:					
				- N			
D			C:	of the			
Date:			Signa	ture of the			

Forwarded
Signature and Seal of the Principal/HOD



(Estd. By Govt. of Uttarakhand, vide Shri Guru Ram Rai University Act no. 3 of 2017)
PATEL NAGAR, DEHRADUN-248001, UTTRAKHAND, INDIA

	NAME :	ENROLL N	O./ ROLL NO):	
	DEPARTMENT /COLLEGE:	SEMESTE	R/PROF/YEA	R:	
	PROGRAM/COURSE:	CONTACT	NO:		
	Subjects for	which Re-evaluation i	s required	-	
Sn	Subjects	Paper code	Marks in E	SE /Prof/year	·
		1 To	obtained	After Re-Ev	aluation
1.					
2.					
3.	- 9				2
4.	8 8	88 6 H		20	
5.					
6.					
	ils of fees paid for Re-evaluation 5000 (N		Rs per Paper		
Cash	/DD No:	Bank Na	me:		
	7				
Date	e:	Signatu	re of Stude	nt .	

APPLICATION FORM FOR RE-EVALUATION OF ANSWER SHEET/ SCRIPT

Forwarded
Signature and Seal of Principal/Dean/HOD

OFFICE USE ONLY

APPLICATION FORM FOR RE-EVALUTION OF MARKS

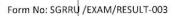
D	PEPARTMENT /COLLEGE:		SEI	MESTER/PI	ROF/YEAF	₹:		
	<u>Subje</u>	cts for whi	ch Re-eva	luation is	required	[
N	Subjects NAME	Paper Code	Marks a EVALUATOR 1 EXTERNAL	fter Re-Ev EVALUATOR2 EXTERNAL	aluation EVALUATOR 3 INTERNAL	AVERAGE MARKS	· ·	emarks of swersheet
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١	Name add of Evaluators	a						
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2	2:			•••••••			1	
3	3:						er er	

Signature verified

Controller of Examination

Instructions:

- 1. Re-totaling fee of Examination Paper is as applicable.
- 2. Send the filled in application form along with the receipt of fees paid to 'Controller of Examination, SGRR University' at the time of submission of application form.
- 3. Re-totaling forms forwarded by the Principal/HOD will only be entertained.
- 4. Applicants must note that re-totaling is only a privilege which does not provide any legal right.
- 5. Re-totaling result will be made available on the respective college/Institute Notice board.

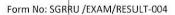




SHRI GURU RAM RAI UNIVERSITY DEHRADUN (UTTARAKHAND)

Practical Award List for End Semester Practical Examination

	ge/Institute N	ame :		A 81 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date & Tim				
	ramme:				Subject Code: Subject Name:				
Year									
Prof., Pape	/Semester:				Max Marks Section (if a				
S.No.	Roll number	Marks (in	Marks (in Words)	S.No.	Roll number	Marks	Marks (in Words)		
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1				29					
)				30					
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17				42					
18		-		43	1 2				
19				44				-	
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23				48					
24			70	49					
25				50					
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ddre:							oer		





DEHRADUN (UTTARAKHAND)

Attendance Sheet for End Semester Practical Examination

	ge/ Institute	Name :			Date & Ti		
	amme:				Subject C		The state of the s
Year					Subject N		
Pape	/Semester:	Max Marks: Section (if any)					
S.No.	Roll number	Name	Signature	S.No.	Roll	Name	Signatu
	A STATE OF THE STA		of Student		number		of Stude
1				26			
2	1 0		-,	27			
3				28			
1				29			
5				30			
5				31			
7				32			
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)				34			
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11				36			
12				37	1, 3		
13				38			
L4				39			
1.5		N 50		40			
16				41			
17		1 1 1		42			
18				43			
19				44			
20				45			
21				46		2	
22				47			
23				48			
أحديني			*	49			
24							
25				50			
65 3034							
	udents:						
gnatu	re of Externa	l l Examiner:	Name	of Exter	nal Examin	er:	
dres	s:					Contact Number	
	ro of Intorna	l Evaminer		Name	of Internal	Examiner:	776



DEHRADUN (UTTARAKHAND) (PRACTICAL EXAMINATION REPORT)

Examination - End Sem. / Supplementary Exam

			Subject N	aine		
ate of Examination :			Tin	ne :		
ccount of Answer Books ((If any):					
	No.	Ans	wer Books Us	ed	Answer B	Books Returned
	Issued	Sr. No. F	rom	То	Sr. No. From	То
Main Answer Books (P)		8 2 2		7		
etails of Students Present	/ Absont	- 1			, * s	5.0
Subject Name	Subject Code	Number Present	Number Absent		Enrollment Nos. o	f Absentees
1 21						
						=
ame & Signature of Interna					taine of Signature of	
ddress:					ddress:	5.0
dame & Signature of Interna		••			ddress:	
ddress:				 	ddress:	
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ddress:			Receipt ractical Exam	 	ddress:	
ontact Number		 / Internal P		 	ontact Number	
ddress: ontact Number eccived the following from		 / Internal P	ractical Exam	iner Items	ontact Number	umber:
ontact Numbereceived the following from		 / Internal P	ractical Exam	iner Items Blank	ontact Number	umber:
ontact Number		 / Internal P	ractical Exam	iner Items Blank	Answer Sheets (if any	umber:

orm No: SGRRU /EXAM/RESULT-006



SHRI GURU RAM RAI UNIVERSITY DEHRADUN (UTTARAKHAND)

Application Form for Provisional Certificate

		Date:
Name		
Name		
Roll No.		~
College/Department		
Program	1	
Semester/Year/Prof.	:	
Father Name		
ddress		
Phone No.	:	
Reason for Provisional		
Certificate		
CGPA/SGPA/Percentage obtained (for the applied Provisional Certificate)	:	
		(Signature of Student)
Recommended by		
Principal /HOD)		
For office use		
Ref. No		Date:
Result:CGPA	/SGPA	/Percentage
Checked by:		
Signature:		Authorized Signatory
Received On	Signa	ature of Student



Shri Guru Ram Rai University

Patel Nagar, Dehradun - 248 001 (Uttarakhand)

Dated:

Provisional Certificate Format

TO WHOMSOEVER IT MAY CONCERN

his is to certify that Student <u>Name</u> bearing the Enrollment No
has duly passed the Program Name with Semester Examination Examination Name with
SGPA of conducted by the university.
This certificate has been issued to the student on his/her specific request for student.
Authorized Signatory