



# SHRI GURU RAM RAI UNIVERSITY

(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

NAME : .....

ENROLL NO./ ROLL NO:.....

DEPARTMENT /COLLEGE:.....

SEMESTER/PROF/YEAR:.....

PROGRAM/COURSE:.....

CONTACT NO:.....

### Subjects for which Re-totaling is required

S.N	<u>Subjects</u>	<u>Paper code</u>	<u>Marks in ESE /Prof/year</u>	
			Maximum	Obtained
1.				
2.				
3.				
4.				
5.				
6.				

### **Details of fees paid for Re-totaling: 2500 Rs per Paper**

Total Amount:- .....

Date:-.....

Cash/DD No:- .....

Bank Name:-.....

Date:-.....

Signature of Student

Forwarded

Signature and Seal of The Principal/HOD

**OFFICE USE ONLY**  
**APPLICATION FORM FOR RE-EVALUATION OF MARKS**

NAME :.....  
 DEPARTMENT /COLLEGE:.....  
 PROGRAM/COURSE:.....

ENROLL NO./ ROLL NO:.....  
 SEMESTER/PROF/YEAR:.....  
 CONTACT NO:.....

**Subjects for which Re-totaling is required**

S.N	<u>Subjects NAME</u>	<u>Paper Code</u>	<u>Marks after Re-Evaluation</u>				<u>Remarks of Answersheet</u>
			EVALUATOR 1 EXTERNAL	EVALUATOR 2 EXTERNAL	EVALUATOR 3 INTERNAL	AVERAGE MARKS	
1.							
2.							
3.							
4.							
5.							
6.							

**Name add of Evaluators**

1:-.....

2:-.....

3:-.....

Signature verified

Controller of Examination



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CONTACT NO:.....

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S.N	<u>Subjects</u>	<u>Paper code</u>	Marks in ESE /Prof/year	
			Maximum	Obtained
1.				
2.				
3.				
4.				
5.				
6.				

### **Details of fees paid for Re-totaling: 5000 Rs per Paper(only for Ph.d and Medical)**

Total Amount:- .....

Date:-.....

Cash/DD No:- .....

Bank Name:-.....

Date:-.....

Signature of Student

Forwarded  
Signature and Seal of The Principal/HOD

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1.							
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