



**APPLICATION FOR RE-ADDITION OF MARKS/GRADE
(USE CAPITAL LETTERS)**

Date: _____

Sl. No. _____

1. Name of the College :
2. Name of the Examination :
3. Name of the applicant:
4. Class _____ Exam Roll No. :
5. Paper(s) sought for Re-addition :

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			For Office Use Only	
	Paper Name & No.	Marked / Grade Obtained	Re-addition marks	Remarks
1				
2				
3				
4				
5				
6				

6. Amount of fee deposited : **Rs.**
(Attach Original Money Receipt)

NB: Attach Xeroxed copy of Mark Sheet

Principal
Seal & Signature

Signature of Applicant

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KALAHANDI UNIVERSITY

Date: _____

Sl. No. _____

Received the applicant for Re-addition of marks from _____

_____ bearing Roll No. _____ of UG/BBA/BCA/PG/MSW/B.Ed

Sem-_____ (Regular/Back) , 20____ today. i.e. ____/____/____.

Signature of the Dealing Assistant