

**GANDHI INSTITUTE OF EXCELLENT TECHNOCRATS**

**GHANGAPATNA, BHUBANESWAR**

**APPLICATION FOR RE-CHECKING / RE-ADDITION**

**FOR INTERNAL EXAMINATION**

***Instructions :*** *(i) The filled-up application form should be given to the Examination Section within 07*

*days from the display of their results.*

*(ii) The application with the answer sheet will be sent to the concerned Department and the Department HOD will assign it to concerned subject faculty for Re-checking / Re-addition.*

*(iii) After Re-checking / Re-addition the answer sheet will be submitted by the concerned subject faculty to the Department and to be forwarded to the exam section.*

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| A. | Name of the Student | : ……………………………………………………………………………………………… |
| B. | Registration Number | : ……………………………………………………………………………………………… |
| C. | Discipline & Branch | : ……………………………………………………………………………..………………. |
| D. | Semester / Trimester | : ……………………………………………………………………………..………………. |

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| **Sl. No.** | **Subject Code** | **Subject** |
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**Date : ………………………… Student’s Signature**

Prof. I/C Exam Section Head of the Department

Subject Faculty Remarks:

Feedback by the Student:

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| **SATISFIED** | **NOT SATIFIED** |

Prof. I/C Exam Section **Principal / Director**