## Office of the Controller of Examinations

## Application for Review (R2020)

Date:

1. Candidate Name with Initial	
2.Register Number	
3.Branch of Study	
4.Year / Semester	
5.Student ID No.	
6. No. of scripts applied	
7.Semester of the Subject – Course Code - Course Name	
8. Payment Details:	
a. D.D. No. and Date	
b. Name of the Bank	
c. Total amount in Rupees	
(Fee: Rs. 3000/- <b>per course</b> )	

Recommended /

Not Recommended

Signature of the Candidate

Signature of the Subject Expert

Signature of the HoD