



# ASSAM DON BOSCO UNIVERSITY

Tapesia, Sonapur, Guwahati –782402, ASSAM

## APPLICATION FOR RE - EXAMINATIONS

To Date: .....

The Controller of Examinations  
Assam Don Bosco University  
Tapesia, Sonapur  
Guwahati – 782402

I request the favour of re-examination of my end – semester answer script (s) as per the details given below:

Name in full (CAPITALS): .....

Student ID: ..... Reg. No: .....

Programme: ..... Branch (if applicable): .....

Semester for which re-examination is sought: ..... Credits secured in the concerned semester: .....

Contact No: .....

*(Please attach a copy of the grade sheet of the semester)*

Courses for which the candidate desires re-examinations (please tick to specify whether scrutiny or re-evaluation):

Sl.No.	Course Code	Course Name	Scrutiny	Re-evaluation
1.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
3.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
5.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
6.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
7.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
8.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
9.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>
10.	.....	.....	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL ..... .....

Total fees payable: .....

.....

Name and Signature of the candidate

N.B: Application for re-examination will be entertained only if the application reaches the Office of the Controller of Examinations within seven calendar days of the declaration of the results of the just-concluded semester examinations