

D.U.P.-674-11-2011-200Pads

Casher Please accept ₹ \_\_\_\_\_  
Dealing Asstt.

Date : \_\_\_\_\_

APPLICATION FORM IS BEING  
ACCEPTED PROVISIONALLY SUBJECT  
TO VERIFICATION OF DETAILS

### UNIVERSITY OF DELHI

#### APPLICATION FOR COPY OF EVALUATED ANSWER-SCRIPT

**CANDIDATE SHOULD CAREFULLY GO THROUGH THE RULES PRINTED OVERLEAF  
BEFORE FILLING IN THIS FORM**

This application is to be filled in and signed by the candidate only. Application submitted on behalf of the candidate on behalf of the candidate, as also incomplete application will be rejected summarily without any further reference.

1. Name of Candidate (Block letter) Mr./Mrs./Miss.....
2. Father's/Mother's Name.....
3. University Exam. Roll No ..... 4. Exams./Course..... 5. Part I/II/III
6. Sem./Annual/Supp..... 7. Year..... 8. Pass/Fail.....
9. College/Institute/Deptt.....
10. Examination Centre.....

Exam. Paper No	Title of Paper	Serial No. of Q. Paper	Date of Exam. Taken	Maximum Marks	Marks Obtained

#### DECLARATION

I have carefully read rules regarding supply of evaluated answer script printed overleaf and I agree to be governed by the same.

Address.....

(IN BLOCK LETTERS)

(Signature of Candidate)

.....

Pin Code.....

Principal/H.O.D.

Tel.No./Mobile.....

(Signature with Rubber Stamp)

**Note :** Signature of the candidate must correspond to that on Examination form filled in by him/her.

(TO BE FILLED IN BY THE UNIVERSITY)

Intimation No. ....

Received Rs.....

Date.....

Receipt No. ....

Date.....

P.T.O.

### **RULES FOR SUPPLY OF COPY OF EVALUATED ANSWER SCRIPT**

1. Select the papers carefully in which the candidate seeks copy of evaluated answerscript.
2. Application should be submitted within 61<sup>st</sup> day and 75th day of declaration of result on University Website.
3. The candidate is required to produce a photocopy of his/her current Admission Ticket and/or statement of marks for verification of Roll No., marks etc., at the time of submission of Application Form.
4. Entries made by the candidate be got verified from the Principal of the College/Head of the Department concerned.
5. The application is to be made by the candidate in his/her own hand-writing and under his/her own signature and not by anyone else on his/her behalf.
6. Examination office will endeavor to provide copy of Answer-Script within 30 days of submission of application. The student is required to collect the copy of the evaluated answer script within a period of 15 days of the date of intimation of availability of the script on the University website.
7. If a student finds any error in totaling of marks or finds that any question has not been evaluated, then he should communicate to the Examination office in the prescribed proforma within a period of 10 days of the collection of the copy of the evaluated answer script.
8. Any representative other than relating to totaling error or unmarked questions shall not be admissible.
9. Prescribed Fee : Rs. 750 per paper is to be deposited with the University Cashier between 9.30 a.m. and 1.00 p.m. and 1.30 p.m. to 3.00 p.m. on all working days after verification of the Application Form by the Examination office.

Date : \_\_\_\_\_

APPLICATION FORM IS BEING  
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TO VERIFICATION OF DETAILS

### UNIVERSITY OF DELHI

#### APPLICATION FOR RECTIFICATION ON RESULTS

This application is TO BE FILLED IN AND SIGNED BY THE CANDIDATE ONLY. Application submitted on behalf of the candidate, as also incomplete application will be rejected summarily without any further reference.

1. Name of Candidate (Block letter) Mr./Mrs./Miss.....
2. Father's/Mother's Name.....
3. University Exam. Roll No ..... 4. Exams./Course..... 5. Part I/II/III
6. Sem./Annual/Supp..... 7. Year..... 8. Pass/Fail.....
9. College/Institute/Dept.....
10. EXAMINATION PAPER NO. ....
11. TITLE OF PAPER.....
12. Tick as applicable :-

TALLING ERROR

UNMARKED QUESTIONS. (Give detail of unmarked questions)

**Note :** Attach photocopy of the copy of full answer script' that has been provided to you.

Address.....  
(IN BLOCK LETTERS)

(Signature of Candidate)

.....  
.....  
.....  
Pin Code.....  
Tel.No./Mobile.....

**Note :** Signature of the candidate must correspond to that on Examination form filled in by him/her.