

C.U.Shah University Ann. No.:18

Wadhwan City

APPLICATION FOR RECHECKING REASSESSMENT

		St	udent's detail	s:	
Name:	: Mobile No.:				
Address:					
 Course:	Branch	Se	mester E	Exam held in Winter/Si	ummer
Seat No.:			Date of decla	ration of result	
Enrollment	t No.:				
To, The Registr C. U. Shah Wadhwan	University,				
Respected	Sir,				
				in the following such the University as amo	
Sr. No.	Subject Code		Name of Sub	ject	Present Grade
that all t rechecking	he details provid /reassessment will	ed above are be considered	correct and as my final resu	ment of the Universit I agree that the It for the above exam eport card is attached	result declared aft ination and binding
Date:				(Sig	gnature of student)
		Univers	ity Exam Sectior	 n Copy:	
Shri			•	as recheckin	g / reassessment
	e above mentioned				
Date:			College seal	Fees R	eceiver's Signature
			Student Copy:		

Shri ______as <u>rechecking /reassessment</u> fees for the above mentioned examination & subjects.