



Application No..... (Office use only)

APPLICATION FORM FOR REASSESSMENT OF INTERNAL EXAMINATION'ANSWER SCRIPTS

To

The Head of the Department of

Through

The Principal

Shree Agrasen Mahavidyalaya

Dalkhola

Uttar Dinajpur

Sir/ Madam,

With due respect, I would like to draw your kind attention to the fact that, I am not satisfied about the mark (S) obtained by me in the internal examination. Therefore, it is my humble request to you to give me an opportunity to reassess my answer script (s) mentioned below and obliged.

1. Name of the Department 2. Name of the student 3. Year/ Semester 4. Roll No. 5. Course - B.A / B.Sc.(Put Tick) 6. Category -Honours/ General) (Put Tick) 7. Name and code of the paper (s) wish to reassess 8. Total Mark of the paper (s) with code which wish to reassess..... 9. Marks obtained in the paper(s) with code which wish to reassess..... I am assuring that, if the mark will change after reassessment, I shall accept the changed mark without any objection.

Signature of the student

Date.....

Place

Approved by the Principal