

Application for Revaluation of Answerbooks

(For Pre. M.D./M.S. Ayurveda, Pre. M.D./M.S. Unani, M.A.S.L.P.-I, M.P.O.-I, PG-D.M.L.T., M.Sc. Nsg.-I courses only.)

To,

The Controller of Examinations,
Maharashtra University of Health Sciences,
Nashik.

Sir,

1. I the undersigned student submitting this application for the revaluation of the answerbook(s) as per the details of examination and papers given below :-

- a) Name of Examinee : _____
- b) Course & Year : _____
- c) Name of college : _____
- d) Name of Examination : Summer/Winter 20...
- e) Seat No. : _____
- f) P. R. N. : _____
- g) Name of Theory papers of : 1) _____
which revaluation is 2) _____
required 3) _____
4) _____

2. I declare that I have read and understood the contents of the Direction No. 01/2009 dt. 06/02/2009, as applicable for UG courses, and I accept all the terms and conditions of the said Direction.

3. I am paying the fees @ **Rs. 800/- per subject** by D. D. No. _____ dated _____ drawn on _____ Bank, payable at Nashik in the name of Registrar, Maharashtra University of Health Sciences, Nashik.

4. I declare that the above information is true and correct to the best of my knowledge.

Place :

Date :

Signature of Applicant

For the College use

The application is received with fees of Rs. _____ by D. D. No. _____ drawn on (bank) _____ and on scrutiny the application is found to be in order.

Hence forwarded to the University.

Place :

Date :

Dean/Principal

(Seal)