

**Application Form For Retotalling**

1 Name of the Institution:.....

2 Name of the Course: (Tick v the relevant one)

*Dip Engg      Dip Pharm      BE      B Arch      B Pharm      MCA      MBA      ME / M Tech*

3 Semester / Year:.....

4 Roll No. : 

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5 Name of the Candidate:.....

6 Enrollment No.:.....

7 Month and year of Examination:.....

8 Date of declaration of Result of Exam:.....

9 Subject in which Retotalling is required (*maximum two subjects only*)

Sr. no.	Subject Name	Subject code	Marks Obtained
1			
2			

(It is Mandatory to Attach Tabulated Result Sheet or Internet Result of CSVTU in support & proof of Marks obtained)

10 Total cash amount of Retotalling Fee deposited @ Rs. 50/- per subject

Rs. .... Cash Receipt no./Date .....

Signature of Candidate  
(with date)

Signature of Verifying Officer  
(with date)

Signature of Principal  
(with date)

**NOTE:**

- 1 *Application forms along with cash amount of fee to be submitted to the Principal **latest by 10th day after declaration of result** . All application forms along with the requisite fee **should reach the University latest by 15th day** .*
- 2 *Application received after 15th day from the date of declaration of result, will **NOT** be entertained by the University.*

**For official use at University**

Date of receipt of Application at CSVTU :.....

Remarks if any :.....