



INDIRA GANDHI DELHI TECHNICAL UNIVERSITY FOR WOMEN
Kashmere Gate, Delhi – 110006

EXAMINATION DIVISION

Application Form for Re-Checking of Result of End-Semester Exam

1. Name of Student _____ 2. Father's Name _____

3. Enrolment No. _____ 4. Programme _____

5. Name of the Department _____

6. Month and Year of the Examination _____ 7. Semester/Year _____

8. Course(s) in which re-checking of the End-Semester Examination Result is sought:-

Sl. No.	Subject Code	Name of Subject	Marks Obtained

9. Details of Payment of fee for re-checking @ Rs. 300/- per paper filled on SBI Collect :

SBI Collect Reference Id: _____ Date of Payment: _____

Date of Birth: _____ Amount Paid: _____

Date: _____

Signature of Student

Address: _____

E-mail: _____

Mobile: _____

(for Office Use Only)

Date of Receipt of Request: _____

Details of Discrepancy, if Any: _____

Checked By: _____ Signature with Date _____