

OFFICE OF THE CONTROLLER OF EXAMINATIONS,
S.B.WOMEN'S (AUTO.) COLLEGE,CUTTACK-753001

APPLICATION FORM FOR PHOTOCOPY OF
ANSWER SCRIPT

1. Name of the Candidate-
(Block Letter)
2. Name of the Semester & Year-
3. Semester Roll No.-
College Roll No.-
4. Subject & Paper (s)-
5. Money Receipt No. & Date-
6. Mobile No.
7. E-Mail id-

Xerox copy of Money Receipt to be attached.

Date:

Full Signature of the Candidate

OFFICE OF THE CONTROLLER OF EXAMINATIONS,
S.B.WOMEN'S (AUTO.) COLLEGE,CUTTACK-753001
APPLICATION FORM FOR RE-ADDITION OF MARKS

1. Name of the Candidate-
(Block Letter)
2. Name of the Semester & Year-
3. Semester Roll No.-
College Roll No.-
4. Subject & Paper (s)-
5. Money Receipt No. & Date-
6. Mobile No.

Xerox copy of Money Receipt & Mark Sheet of the respective semester exam to be attached.

Date:

Full Signature of the Candidate