



Guru Gobind Singh Indraprastha University

Examination Division

Kashmere Gate, Delhi-110403

Website: <http://www.ipu.ac.in> Phone No.011-23900196

Application Form for Re-checking of Result of Term End/Annual Examination

1. Name of Student_____
2. Father's Name_____
3. Enrolment No._____
4. Programme_____
5. Name of USS/Instt/College_____
6. Month and Year of the Examination_____
7. Semester/Year_____
8. Course(s) in which re-checking of the Term End /Annual Examination Result is sought:

Sl. No.	Paper Code	Name of Subject	Marks obtained

9. Details of payment of fee for re-checking @ Rs.200/- per paper paid. Demand Draft is payable in favour of Registrar, Guru Gobind Singh Indraprastha University, Delhi.
(Please write your name & Roll No. on back of Demand Draft)

Bank DD NO. _____ Dated: _____

Bank Name _____

Note: Name, address & Programme should be noted by the student on back of each demand draft for proper accounting of fee paid.

Date: _____

Signature _____

Address: _____

E-mail: _____

Tel. No. _____

Dean/Director/Principal of the Institute

The filled in form with the requisite fee should be sent to: The Controller of Examination, Guru Gobind Singh Indraprastha University, Kashmere Gate, Delhi-110403	<u>For Official use only</u> 1.Details of Discrepancy if any _____ 2.Checked by _____
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