PONDICHERRY UNIVERSITY

APPLICATION FOR RETOTALLING

(To be filled by the Candidate)

Name of the Candidate :

Register Number :

Course & Branch :

Name of the Examination :

Month & Year :

Total No. of Papers Registered :

No. of Papers Passed :

No. of Papers Failed :

No. of Papers Applying for Retotalling :

Name of Subjects applied with subject code :

Details of Payment:

Name & Place of the Bank:

Demand Draft No. Date of Payment Amount Rs.

Date: Signature of the Candidate

Certified that the information furnished above are correct and the candidate had fulfilled all the conditions for Revaluation.

Office Seal Signature of the Head of the

Institute with date