**TWO - YEAR B.ED. (CBCS) PROGRAM**

**STUDENT APPLICATION FORM FOR**

**REASSESSMENT / REEVALUATION / PHOTOCOPY OF SEMESTER END EXAMINATION**

Name in full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Seat No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABC ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Student Unique ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; Examination held in the month: \_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Semester \_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; E-mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details to be entered here*: (A student could apply for all 3 together on separate payment for each.)*

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| Sr. No. | Course Title | Course Code | Re-evaluation / Reassessment / Photocopy (Specify for each entry) |
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Signature of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .