CHHATTISGARH SWAMI VIVEKANAD TECHNICAL UNIVERSITY, BHILAI

Application Form For Retotalling

1. Nam	e of the	Istitut	ion:										
	2. Nam	e of th	e Cour	se (Ticl	k the r	elevant	t one)						
Dip. I	Engg.	Dip.	Pharm	BE	В.	Гасh.	B Ph	arm	MCA	MBA	4	ME/M.Tech	
3. Seme	ester/ Y	ear											
4. Roll	No.												
5. Name of the Candidate:													
6. Enro	llment l	No											
7. Mon	th and y	ear of	Exami	ination							-		
8. Date of declaration of Result of Exam													
9. Subje	ect in w	hich R	tetotall	ing is re	equire	d (max	imum 1	wo su	ibjects o	only)			
Sr.No.	Subjec	ubject Name				Subject Code				Marks Obtained			
1													
2													
	ndatory ks obtai		ach Ta	bulated	Resul	t sheet	or Inte	rnet R	Result of	ECSV'	TU	In support & proo	f
10. Tota	al cash	amoun	it of Re	etotallin	g fee o	deposit	ed Rs.	70/- p	er subje	ect.			
Rs.				- cash F	Receipt	no./D	ate						
Signature of Candidate Signature of Verifying Officer Signature of Principal													
(W Note:-	Vith date	?)			(Wi	th date)		(With	n date)			

- 1. Application forms along with cash amount of fee to be submitted to the principal latest by 10 th day ofter declaration of result. All application forms along with the requisite fee should reach the university latest by 15th day.

 2. Application received after 15th day from the date of declaration of result will not be
- Entertained by the University.

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