



**UNIVERSITY OF KASHMIR,
Hazratbal Srinagar-190006**

**APPLICATION FORM FOR OBTAINING PHOTOCOPY OF THE ANSWER BOOK/S
(To be filled in on or before the last date as per rules)**

To,
The Controller of Examinations,
University of Kashmir.

Serial No.:57418

Sir,

I wish to obtain photo copy/ies of my answer book/s as per the following details. I hereby submit fees of Rs. _____/- (Rs. 150/- per subject/course).

I undertake that I will use the photocopies of the answer book/s only for the purpose of Redressal mechanism and not for any other purpose. I also undertake that I will not part with the said photocopy/ies. I fully understand that any deviation from the guidelines in this regard will be treated as an act of adoption of unfair means.

Name of the Student:- _____ Parentage:- _____

Deptt/College:- _____ Roll No.: _____

Name of the Program:- _____ Semester:- _____

Academic Year:- _____ Session:- _____

Email ID:- _____ Mobile No:- _____

Address:- _____ Date of declaration of result:- _____

Subject name/s for which photocopy/ies are required:

| S.No | Title of Paper /Subject | Course code | Marks |
|------|-------------------------|-------------|-------|
| 01 | | | |
| 02 | | | |
| 03 | | | |
| 04 | | | |
| 05 | | | |
| 06 | | | |
| 07 | | | |

(Note: please attach photo copies of identity proof and result notification)

Payment details: _____ dated: _____ Receipt No. _____

Yours faithfully,

Name and Signature of the student



The Jammu and Kashmir Bank Limited
BANK COPY



PAY IN SLIP FOR University of Kashmir

| | |
|------------------------------|-------------------------------------|
| Dated: 9/26/2017 | M-EXMREC NO: 17- 57418 |
| Name : | Parentage: |
| Address: | Contact No: |
| Account No: 0007040500001004 | Purpose: Rechecking of Marks/Result |
| Amount : | |
| Sign. of Depositer | Bank Seal & Signature |



The Jammu and Kashmir Bank Limited
UNIVERSITY COPY



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| Dated: 9/26/2017 | M-EXMREC NO: 17- 57418 |
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| Amount : | |
| Sign. of Depositer | Bank Seal & Signature |



The Jammu and Kashmir Bank Limited
DEPOSITOR'S COPY



PAY IN SLIP FOR University of Kashmir

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| Address: | Contact No: |
| Account No: 0007040500001004 | Purpose: Rechecking of Marks/Result |
| Amount : | |
| Sign. of Depositer | Bank Seal & Signature |