



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.:162550

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: 3/23/2018	M-EXMREC NO: 18- 162550
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



PAY IN SLIP FOR University of Kashmir

Dated: 3/23/2018	M-EXMREC NO: 18- 162550
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
DEPOSITOR'S COPY



PAY IN SLIP FOR University of Kashmir

Dated: 3/23/2018	M-EXMREC NO: 18- 162550
Name :	Parentage:
Address:	Contact No:
Account No: 0007040500001004	Purpose: Rechecking of Marks/Result
Amount :	
Sign. of Depositer	Bank Seal & Signature