



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
**SECTOR 16C, DWARKA, NEW DELHI - 110078**

**EXAMINATION DIVISION**

**Application Form for Certified Copy of Evaluated Answer Sheet(s)**

**Important Note:** The filled in application form with the requisite fee @ Rs. 3,000/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the Student/ Applicant:		
2	Name of Father/ Guardian: (as stated in the University records)		
3	Enrollment Number of Student/ Applicant:		
4	Name of the USS/ Affiliated Institute:		
5	Programme/ Course:		
6	Year and Month of Examination:		
7	Date of Declaration/ Notification of Result:		
8	Date of Application:		
9	Address for Correspondence:		
10	Phone Numbers:		
11	Email ID:		
12	Details of the Fee submitted, Amount (in Rs.):		
13	Indian Bank Challan No./ Online Fee Transaction ID No.: (Attach Challan / Online Fee Receipt in Original)		
14	Bank account details for refund of re-checking fee, if any, as per clause 6(F) of the Regulation.		
15	Bank Account Number & Name of the Bank Account holder:		
16	Name of the Bank and the Branch:		
17	Description of Answer Sheet requested for Certified Photocopy:		
	<b>Semester</b>	<b>Paper Code &amp; Subject</b>	
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
	(vi)		
18	<p><b>Undertaking by the applicant:</b> I do hereby undertake that I shall strictly abide by the University rules &amp; regulations governing re-checking, inspection &amp; provision of certified photocopies of evaluated answer sheets. Further I do hereby undertake that neither shall I indulge in any act which may be prejudicial to the maintenance, preservation, safety and security of the answer sheets nor shall I resort to any unauthorized or improper use of information received pursuant to this request in any manner which is likely to prejudicially affect the interests of the University or its functionaries.</p> <p style="text-align: right;"><b>Signature of the Applicant</b></p>		
19	<p><b>Dean/ Director/ Principal of USS/ Institute</b></p>		
20	<p><b>Space for official use:</b></p>		



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
SECTOR 16C, DWARKA, NEW DELHI - 110078

**EXAMINATION DIVISION**

**Application Form for Inspection of Evaluated Answer Sheet(s)**

**Important Note:** The filled in application form with the requisite fee @ Rs. 2,500/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the Student/ Applicant:		
2	Name of Father/ Guardian: (as stated in the University records)		
3	Enrollment Number of Student/ Applicant:		
4	Name of the USS/ Affiliated Institute:		
5	Programme/ Course:		
6	Year and Month of Examination:		
7	Date of Declaration/ Notification of Result:		
8	Date of Application:		
9	Address for Correspondence:		
10	Phone Numbers:		
11	Email ID:		
12	Details of the Fee submitted, Amount (in Rs.):		
13	Indian Bank Challan No./ Online Fee Transaction ID No.: (Attach Challan / Online Fee Receipt in Original)		
14	Bank account details for refund of re-checking fee, if any, as per clause 5(G) of the Regulation.		
15	Bank Account Number & Name of the Bank Account holder:		
16	Name of the Bank and the Branch:		
17	Description of Answer Sheet requested for Inspection:		
	<b>Semester</b>	<b>Paper Code &amp; Subject</b>	
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
	(vi)		
18	<p><b>Undertaking by the applicant:</b> I do hereby undertake that I shall strictly abide by the University rules &amp; regulations governing rechecking, inspection &amp; provision of certified photocopies of evaluated answer sheets. Further I do hereby undertake that neither shall I indulge in any act which may be prejudicial to the maintenance, preservation, safety and security of the answer sheets nor shall I resort to any unauthorized or improper use of information received pursuant to this request in any manner which is likely to prejudicially affect the interests of the University or its functionaries nor shall I engage in any uncalled for argument with the official facilitating the inspection of answer sheets.</p> <p align="right"><b>Signature of the Applicant</b></p>		
19	<p><b>Dean/ Director/ Principal of USS/ Institute</b></p>		
20	<p><b>Space for official use:</b></p>		



**GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY**  
SECTOR 16C, DWARKA, NEW DELHI - 110078

**EXAMINATION DIVISION**

**Application Form for Rechecking of Evaluated Answer Sheet(s)**

**Important Note:** The filled in application form with the requisite fee @ Rs. 1,000/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the Student/ Applicant:	
2	Name of Father/ Guardian: (as stated in the University records)	
3	Enrollment Number of Student/ Applicant:	
4	Name of the USS/ Affiliated Institute:	
5	Programme/ Course:	
6	Year and Month of Examination:	
7	Date of Declaration/ Notification of Result:	
8	Date of Application:	
9	Address for Correspondence:	
10	Phone Numbers:	
11	Email ID:	
12	Details of the Fee submitted, Amount (in Rs.):	
13	Indian Bank Challan No./ Online Fee Transaction ID No.: (Attach Challan / Online Fee Receipt in Original)	
14	Description of Answer Sheet requested for Rechecking:	
	<b>Semester</b>	<b>Paper Code &amp; Subject</b>
	(i)	
	(ii)	
	(iii)	
	(iv)	
	(v)	
	(vi)	
	(vii)	
	(viii)	
	(ix)	
	(x)	
15	<p><b>Undertaking by the applicant:</b> I do hereby undertake that I shall strictly abide by the University rules &amp; regulations governing re-checking of evaluated answer sheets. Further I understand that scope of rechecking of evaluated answer sheets covers correction of totaling mistakes and evaluation of unevaluated answers only.</p> <p align="right"><b>Signature of the Applicant</b></p>	
16	<p align="center"><b>Dean/ Director/ Principal of USS/ Institute</b></p>	
17	<p><b>Space for official use:</b></p>	