

**APPLICATION FOR VERIFICATION/ RE-TOTALING OF ANSWER SCRIPT/S OF

COURSE EXAMINATIONS**

Name of the Candidate _____

Name and Address of the _____

College: _____

Where the candidate studying : _____

Course Name : _____

Name of the Faculty & Year : _____

Verification / Re-totaling details

Seat No. _____

Month _____ Year of Examination _____

Subject/ for which verification /
Re-totaling sought

Name of the Subject & Paper	Marks Obtained

Paid Verification / Re-totaling
fees of Rs. _____

DD No. _____ Dated _____

Name of the Bank which is payable at Navi Mumbai:

Signature of the Candidate:

P.T.O

MGM INSTITUTE OF HEALTH SCIENCES, NAVI MUMBAI

1. Certified that the student was bonafied students of MGM Medical College, Kamothe / Aurangabad, admitted in the academic year _____ and has appeared in the University examination for _____ course held in _____ 20__.
2. The Marks Card supplied by the University has been verified with reference to the marks furnished by the candidate and the applicant fulfills all conditions of Verification / Re-totaling Ordinances notified vide rules and regulations of MGM University of Health Sciences, Navi Mumbai.

Date :

**Signature of the Director / Principal
with Office Seal**