SHRI KRISHNA AYUSH UNIVERSITY KURUKSHETRA

(Established by the State Legislature Act No. 25 of 2017)

Case No._____

APPLICATION FOR SPECIAL RE-EVALUATION OF ANSWER-BOOKS ON THE BASIS OF _____ RESULT (FOR MERCY/ ALL NCISM ADDITIONAL CHANCES EXHAUSTED CANDIDATES ONLY)

(Candidates to fill-up all the columns/particulars in his/her own handwriting

1. Name of the candidate (in Block Letters)…………………………………………………………………
2. Name of Examination- BAMS ALL PROF. Session _____
3. Result……
4. Roll No. (in Figures)…………………………Roll No. (in words)……………………………………………

Sr. No.	Paper Code	Name of the Paper	Marks Obtained	Detail of Fee remitted
Particulars of paper(s) in which special re-evaluation is applied	
1.				Amount Rs. (in figure)……………………………
2.				Amount Rs. (in word)…………………………….
3.				University Receipt No…………………………… Or
4.				Online Transaction No………………………… Date……………………………………………….
5.				Or Bank Draft No…………………………………………
6.				**Payment Mode:** The fee option is available link on University Website: **www.skau.ac.in**
7.				**(Click on Pay Online Option)** or through Demand Draft issued in favour of the
8.				Registrar, Shri Krishna AYUSH University payable at Kurukshetra.

5. Specimen hand writing   :   In Hindi…………………………………………………………………………………..
                                              In English………………………………………………………………………………..
6. I solemnly declare that I have carefully read all the relevant rules/instructions etc. of the University for special re-evaluation and I undertake to abide by the same in all respects.
7. Postal Address of the candidate as written on the envelope (In Block Letters)
……………………………………………………………………………….
………………………………………………………………………   ……………………………………………
Mobile No…………………………………… Pin _____   (Signature of the candidate)
Dated…………………………………….

Note: A Photocopy of detail marks card or result sheet to be attached. The fee to be deposited for special re-evaluation of answer book(s) is @ RS. 3000/- (Three Thousand) per paper. A self-addressed envelope must be attached with this application.

(For use in the Secrecy Branch)

1. Date of Receipt of Application………………   5. Date of Declaration of Result………………………
2. Receipt /Diary No……………………………….   6. Date of Dispatch of DMC……………………………
3. Amount of Fee Paid……………………………   7. ELIGIBLE –YES/NO
4. Original DMC attached or not……….   8. Reason if not eligible……………………………………

Signature of Diarist   Clerk.   Asstt.