



SHREE SAPTASHRUNGI SHIKSHAN SANSTHA NASHIK, SANCHALIT  
**SHREE SAPTASHRUNGI AYURVED HOSPITAL, NASHIK**  
Kamal Nagar, Hirawadi, Panchavati, Nashik - 422 003

Ref. No.

Date.

**APPLICATION FOR VERIFICATION /RE-TOTALING OF MARKS**

(Verification for Practical /Oral/Vice Voce and Re-totaling of marks of Theory Answer book(s) for both UG & PG Courses)

Verification case no.	
Year	

To,  
The Controller of Examination  
Shree Saptashrungi Ayurved Mahavidyalaya and Hospital  
Nashik-422003

I, the undersigned, request you to verify my marks of Practical Examination/Theory Answer Books as per details given below Strike out whichever is not applicable)

1.	Full name of the candidate	
2.	Permanent Registration No.(PRN)	
3.	Seat No.(GRN)	
4.	Course and year	
5.	Year and Month of the Examination	
6.	Result declared on	Result :Fail/Pass

\*Student Grievance Details:

Sr. No.	Subject Name	Grievance Details	Type(Retotaling/Rechecking)	Special Remark
1.				
2.				
3.				
4.				
5.				
6.				

\*Remarks by Teacher

Sr. No.	Teacher Remark	Subject Teacher sign.
1.	.....	
2.	.....	
3.	.....	
4.	.....	
5.	.....	
6.	.....	

Student Sign

Exam HOD sign

Subject Dept. HOD Sign

Principal Sign with seal

Notes:

1. Application should be submitted through Dean/Principal/HOD
2. Grievance should be submit within 5 days of result declare.
3. Decision/Result given by teacher against grievance will be subject to subject expertise.
4. In case of unsatisfactory grievance Result /Decision, student may appeal to Exam HOD and Principal.