**Form No. : CETA-11RC**

**COLLEGE OF ENGINEERING AND TECHNOLOGY**

**(An Autonomous and Constituent College of BPUT, Odisha)**

**APPLICATION FOR RECHECKING/RETOTALLING**

***Instructions :****(i) Application shall be forwarded by the HOD to the Controller of Examinations, CET, Bhubaneswar.*

*(ii)Fees of Rs.200/- for each subject is to be deposited vide challan in the College Account.*

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| --- | --- | --- |
|  | 1. Name of Department
 |  |
|  | 1. Discipline & Branch
 |  |
|  | 1. Semester
 |  |
|  | 1. Registration Number
 |  |
|  | 1. Name of the Student
2. Contact Details: Mobile No.
 |  E-mail: |
| Sl. No. | Subject Code | Subject Name | Original Grade | Office use(Grade after event) |
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Payment Details (One copy of the original challan to be attached with this form)

payment Amount: Rs................................ Date : ...............................

**Date : ............................** **Student’s Signature**

Verified by-

**Signature of Students’ Advisor Head of the Department**

Memo No. \_\_\_\_\_\_\_\_\_\_\_ Dt.\_\_\_\_\_\_\_\_\_\_\_\_\_

Copy to Controller of Examinations for rechecking/retotaling.

**Head of the Department**