

(Govt. of NCT of Delhi)
DELHI PHARMACEUTICAL SCIENCES AND RESEARCH UNIVERSITY
Sector-3, M.B. Road, Pushp Vihar, New Delhi – 110017

Examination form for Retotaling of Marks

(To be filled by the candidate in his/her own handwriting in Block Letters)

1. Name of the Institute _____
2. Programme Name _____
3. Roll/Regn. No _____
4. Name of the Candidate _____
5. Father's Name _____
6. Semester and Subject for Retotaling of Marks (Write clearly the Nomenclature and Course Code):-

| S. No. | Semester | Title of the Paper | Subject /Paper Code | Marks Obtained |
|--------|----------|--------------------|---------------------|----------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

7. Fee paid vide University Receipt No./Bank DD No. and Date _____
For Rs. _____

Postal Address _____

Email: _____ Mob No. _____

Signature
(Applicant/Student)

Enclosure: Attach Original Fee Receipt (Rs.1000 per paper)