

FOR OFFICE USE ONLY

Exam Seat No.: _____

Fees Collected vide

Receipt No.: _____

Date: _____ For Rs. _____

Signature of Cashier: _____

Class: _____

Roll No.: _____

Branch: _____

Regular / Ex-Candidate

Year of admission to

GOVERNMENT COLLEGE OF ENGINEERING, AURANGABAD

(An Autonomous Institute of Government of Maharashtra)

Affiliated to Dr. Babasaheb Ambedkar Marathwada University, Aurangabad



Date:

Form of Application for Re-Checking of Answer Sheets

Exam: ESE-1 / RE-ESE-1 / ESE-2 / RE-ESE-2 Month..... Year.....

I, the undersigned, wish to apply for rechecking the answer sheets in the following courses

Sr. No.	Course Code	Course Title
1		
2		

Signature of Candidate: _____

Name of Candidate: _____

Exam Seat No.: _____

Contact No.: _____

Note: Maximum two course codes are allowed for re-checking