

**Application for Grant of Additional 3% Marks under GR Clause No. 1(c) for
PWD Students**

To

The Controller of Examinations (COE)
Government College of Engineering, Aurangabad
Chhatrapati Sambhajnagar

Student Details

1. Name of Student: _____
2. Roll No.: _____
3. Course / Program: _____
4. Semester / Year: _____
5. Contact No.: _____
6. Email ID: _____
7. Category of Disability (as per PWD Certificate): _____
8. PWD Certificate No. & Issuing Authority: _____

Courses in which the student has failed (attach result copy)

Sr. No.	Course Code	Course Title	Max Marks	Marks Obtained	Additional 3% Marks Requested	Remarks
1						
2						
3						
4						
5						

Declaration by the Student

I hereby declare that the above information is true to the best of my knowledge. I request the Examination Cell to grant me the benefit of additional **3% marks** as per Government Resolution No. सांकीर्ण-2016/प्र.क्र.302/शिदि-3 dated 04 March 2017, Clause 1(c).

Date: _____

Place: _____

Signature of Student

For Office Use (COE Cell)

- Verified by: _____ (Exam Clerk)
- Checked by: _____ (Assistant COE)
- Approved by: _____ (Controller of Examinations)
- Remarks: _____