

DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY, AURANGABAD.

TO BE USED BY THE OFFICE

48389 Rs. 10/-

Inward No. & Date

Register Page No. _____

**APPLICATION FORM FOR XEROX / PHOTOCOPIES OF THE
ASSESSED ANSWER BOOKS**

- 1] Full Name of the Candidate : _____
[in Capital Letters]
- 2] Seat No. : _____
- 3] Name of the College : _____
- 4] Month & Year of the Exams. : _____
- 5] Subject & Paper Number in which Grievance Redressal Mechanism is desired :-

| Sr. No. | Name of the Subject & Title of the Paper | Paper No. | Marks Obtained | For Office use only |
|---------|--|-----------|----------------|---------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

Amount of Fees paid Rs. _____

Receipt No./D.D. No. _____ Dated _____

Signature of the Principal with Seal

Signature of the Applicant

Rules & procedure for Grievance Redressal Mechanism related to valuation of Answer Books are available on the University website <http://bamua.digital university.ac>

Instructions :-

Xerox / Photocopies.

2. The form & fees of Rs. 100/- per paper be submitted in the College within 10 days from the date of declaration of the result, Fees be paid either in cash or through D.D. payable in favour of the Registrar, Dr. Babasaheb Ambedkar Marathwada University, Aurangabad.