

DEENBANDHU CHHOTU RAM UNIVERSITY OF SCIENCE & TECHNOLOGY  
MURTHAL (SONEPAT)-131039

**PROFORMA FOR INSPECTION OF CHECKED ANSWER-BOOK**

I hereby apply for inspection of checked answer book as per details given below:

1. Name of Student: .....

2. Father's Name : Sh.....

3. Regn./ Roll No.: 

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4. Name of Branch:.....Semester Exam:.....

5. Name of Paper/ Subject:.....Course Code:.....

6. Exam held in Session: .....

7. Details of fee: Rs. 100/- each paper/ subject

Amount paid Rs.:.....(in words).....

University Cashier Receipt No.:.....dated:.....

**Or Demand Draft in favors of Registrar,**

Bank Name & Branch:..... DD No: .....dated:.....

**(Please attached in original)**

Student's  
Signature.....

Address: .....

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Mobile No.:.....

Encl: As above

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**Office Use only**

May be allowed

Sr. no.:.....

Clerk/Asstt.(Secrecy)

Suptd.(Secrecy)

COE

Inspected the Answer Book

Signature .....