

Rayat Shikshan Sanstha's  
**Yashwantrao Chavan Institute of Science, Satara**  
**(An Autonomous College)**  
**Form for Verification of Answer-Books**

**Note:** - Application for verification of any particular paper or papers shall be made by the examinees themselves within 10 days from the date of declaration of result to the Controller of Examination. Under no circumstances Permission shall be granted after the prescribed period.

To,  
The Controller of Examination,  
Yashwantrao Chavan Institute of Science, Satara

Sir,  
I request you for verification of my paper/s detailed below of the examination of Oct./ Nov. / March / April, \_\_\_\_\_. The prescribed fee of Rs. \_\_\_\_\_ for each paper has been paid by me through Cash. \_\_\_\_\_ on \_\_\_\_\_ the receipt of which is attached herewith.

1. Name of the student :- \_\_\_\_\_  
(in Block letters)
2. Details of Examination
1. Name of Examination \_\_\_\_\_ 2. Month / Year \_\_\_\_\_  
3. Seat No. \_\_\_\_\_ 4. UID No. \_\_\_\_\_
3. Details of the subject for which Verification is sought

| Sr. No. | Name of the Subject | Paper No. | Marks out of | Marks obtained |
|---------|---------------------|-----------|--------------|----------------|
| 1       |                     |           |              |                |
| 2       |                     |           |              |                |
| 3       |                     |           |              |                |
| 4       |                     |           |              |                |
| 5       |                     |           |              |                |
| 6       |                     |           |              |                |

Date :

My Full Address for correspondence :-

\_\_\_\_\_  
\_\_\_\_\_

Yours faithfully,

(Signature of Student)