

**VASAVI COLLEGE OF ENGINEERING (Autonomous), Hyderabad.**

**APPLICATION FORM FOR OBTAINING PHOTOCOPY OF THE ANSWER SCRIPT**

*(To be filled in, signed and submitted by the concerned candidate only)*

1. Candidate's Name											
2. Father's Name											
3. Contact Details	Mobile:						e-mail:				
4. Details of Examination	Course	Year (I/ II/ III/ IV)	Semester (I / II)	Hall Ticket No.						Exam Month and Year	
5. Course(s) for which Photocopy of answer script is desired	1.										
	2.										
	3.										
	4.										
	5.										
	6.										
6. Address for correspondence	H.No/ Flat No.:						Village/Mandal:				
	Road No:						District/City:				
	Street/Locality						State:				
							PIN:				

**IDENTIFICATION CERTIFICATE**

*(To be signed by the Head of the Department where the candidate is studying/last studied)*

This is to certify that Mr./ Mrs./Miss \_\_\_\_\_ son /daughter of bearing HT No.:\_\_\_\_\_ is the bonafide student of our department and has appeared for the \_\_\_\_\_ Examination held in (Month-Year) \_\_\_\_\_. Further, it is certified that the candidate has signed in my presence.

*Affix one  
passport size  
photo with HoD  
attestation*

Date: \_\_\_\_\_ Signature of the HoD (with seal) \_\_\_\_\_ Signature of the candidate \_\_\_\_\_

**INSTRUCTIONS**

1. A photocopy of the hall ticket with downloaded Semester Grade Report is to be enclosed along with the application.
2. The prescribed Fee for providing photocopy of the answer sheet is Rs. 1000/- per paper which shall be paid in the Accounts section of the College and the receipt to be enclosed with the application form.
3. **The candidates should apply for revaluation separately.**

----- Cut here ----- Cut here ----- Cut here -----

**VASAVI COLLEGE OF ENGINEERING (Autonomous), Hyderabad.**

**RECEIPT**

Received application form for obtaining photocopy of the answer script from Mr./ Mrs./ Miss \_\_\_\_\_ bearing H.T.No. \_\_\_\_\_ Program \_\_\_\_\_ Year \_\_\_\_\_ / Semester \_\_\_\_\_ for the following papers.

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Amount Paid:

Signature of the receiver  
O/o the Director (Admissions and Examinations),  
Ramanujan Block, VCE.