

Bhavan's Vivekananda College

Of Science, Humanities & Commerce (Autonomous college – Affiliated to Osmania University) (Accredited by NAAC with 'A' Grade) Sainikpuri, Secunderabad – 500094

EXAMINATION BRANCH

APPLICATION FORM FOR OBTAINING PHOTOCOPY OF ANSWER SCRIPT

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

1. Candidates Name															
2. Father's Name															
3. Contact Details	Mobile:					Email:									
4. Details of Examination	Course		nester ,IV,V&VI)				Hall Ticket No.						Exam Year with month		
5. Paper(s) for which Photocopy of answer script is desired	1.														
	2.														
	3.														
	4.														
	5.														
	6.														
6. Amount paid vide	Name of Ban	Branch					Date						Amount		
Challan/ Remittance	HDFC		BVC Extension												
Coupon			Counter												
7. Address for correspondence	H.No/Flat No:					Village/Mandal:									
	Road No:					District/City:									
	Street/Locality:						State: PIN:								

IDENTIFICATION CERTIFICATE

(To be signed by the Faculty Incharge)

This is to certify that M	r. / Mrs. /Miss	son / daughter of	
	bearing HT No.:	is the bonafide student of our college and	has
appeared for the	Examination held	in (Month-Year) Further,	it is
certified that the candi	date has signed in my presence.		

Signature of the candidate

Date:

INSTRUCTIONS

1. A photocopy of the hall ticket with downloaded memo 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, through

Remittance Coupon/Challan. In no case the fee is refundable.

3. The copy of the answer sheet will be sent to the candidate only by post.

4. The candidates should apply for revaluation/recounting (whichever is applicable) separately.

Bharatiya Vidya Bhavan

Bhavan's Vivekananda College

of Science, Humanities & Commerce (Autonomous college – Affiliated to Osmania University), Sainikpuri, Secunderabad – 500094

EXAMINATION BRANCH

RECEIPT

Received application form	for obtaining photocopy of the ans	wer script from Mr./ I	Mrs./Miss
		•	
hearing HT No ·	COLIFER	Voar	/ Somostor

following papers:		
1.	2.	
3.	4.	
5.	6.	
Amount Paid:	Challa	n No.:

for the

Signature of the Faculty Incharge