

# Gujarat Technological University

**Last date for submitting rechecking form to institute by a Student: 14/07/10**

**Rechecking for the Dip. Pharmacy First/Second Year Exam. held in May 2010**

Enrollment No: \_\_\_\_\_ Seat No: \_\_\_\_\_

Name of Student: \_\_\_\_\_

To,  
Controller of Examination  
Gujarat Technological University

Respected Sir,

I would like to apply for rechecking in the following theory portion of the subjects as mentioned below:

Sr. No	Subject code	Subject Name	Present Grade
1			
2			
3			
4			

I here by confirm that all the details provided above are correct & agree that the result declared after rechecking will be considered as my final result for the above examination.

**Head of Department**

**Signature of Student**

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**For Office Use Only  
To be filled in by institute only**

The student has paid sum of Rs \_\_\_\_\_ as rechecking fees (Rs.100 per Subject)for \_\_\_ subjects

Institute Seal

Principal Signature & Stamp

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