



SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

(A State University of the Govt. of Assam)

Narakasur Hilltop, Bhangagarh, Guwahati-781032, Assam

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APPLICATION FORM FOR RE-CHECKING OF ANSWER SCRIPT

(Particulars should be filled in by the candidate in his/her own handwriting)

1. Name of Candidate (in BLOCK CAPITAL) : _____
2. Father's Name : _____
3. Mother's Name : _____
4. Name of Examination : _____
5. Roll No. : _____
6. Examination Centre where appeared : _____
7. Name and address of Institute from where appeared for the examination : _____

8. Name and address of Institute studying at present : _____

9. Paper(s) and marks obtained in the paper(s) in which Re-checking is required:

Sl. No.	Title of the Paper (as indicated in question paper)	Serial No. of question paper (as indicated in question paper)	Date of examination held	Date of publication of result	Marks obtained	Maximum marks

10. Have you also applied for re-evaluation separately for any of the above paper(s) : Yes/No

11. If yes, please indicate Sl. No. above : _____

12. Details of online payment of requisite fees : _____

Amount of Fees paid	Online Receipt No. (Please enclose copy of E-Receipt)	Date of Payment

Signature of the candidate
(Signature must correspond to that in the examination application form)

Certified that _____ (Name of candidate) is a bonafide student of this institute and had appeared in the _____ Examination held on _____.

Forwarded for re-checking of the answer script(s) as applied for by the candidate.

Date : _____

Name of Institute : _____

Postal address of the Institute : _____

Principal/Head of the Institute

(Office seal)

FOR OFFICE USE ONLY

Verified and particulars found correct

Dealing Assistant

PROVISION FOR RE-CHECKING OF ANSWER SCRIPTS

DEFINITION

Re-checking of Answer Scripts means the work is undertaken on receipt of a candidate's application in prescribed format and proper verification of the application form, to recheck his/her answer scripts of the paper(s) applied for, to ensure that all the questions attempted by the candidate have been valued, the marks awarded have been totaled correctly and that the total marks have been correctly carried over to the marksheet.

PRE-REQUISITES FOR RECHECKING

1. A candidate desirous of re-checking his/her answer script(s) of paper(s) **will have to apply for re-checking within 7 (seven) days from the date of publication of results.** Application for re-checking of answer script(s) received after 7 days from the date of publication of results shall not be entertained.
2. Application for re-checking [upto maximum 3(three) papers] will have to be made by the candidate in prescribed format and particulars should be filled in by the candidate in his/her own handwriting.
3. Application must be verified and duly forwarded by the Principal/Head of the Institute to the University for consideration.
4. Signature of the candidate in the application form must correspond to that present on the application form for appearing in the examination.
5. **The students are to pay the requisite fee through online payment gateway available in SSUHS website (Fee Collect). A copy of E-Receipt is to be submitted along with the Application Form.**
6. **PLEASE ATTACH ORIGINAL MARKSHEET AND PHOTOCOPY OF ADMIT CARD attested by the Principal/Head of the College/Institute from where applicant appeared in the examination/Self attested.**
7. Application Form complete in all respects must be submitted in the University Office on working days during office hours. Incomplete application forms will be rejected straight away.
8. Re-checking for practical marks are not allowed.

RE-CHECKING

1. Application form for re-checking shall be accepted only after verification of all particulars submitted by the candidate and found to be correct.
2. Re-checking of the answer scripts applied for by the candidate shall be conducted by an expert/expert committee, appointed for the purpose, after which the University shall declare the result of the rechecking in the official website.
