

**ARUNACHAL PRADESH STATE COUNCIL FOR TECHNICAL EDUCATION  
(UNDER THE DIRECTORATE OF HIGHER & TECHNICAL EDUCATION)  
ITANAGAR**

**APPLICATION FORM FOR RECHECKING\* OF END SEMESTER MARKS**

1. Name of the Student :  
2. Registration No. :  
3. Roll No. :  
4. Discipline :  
5. College :  
6. Session : JULY-DEC'2010

Details of the courses where rechecking is required :

Sl. No.	Name of Course	Course Code	Semester	Marks as mentioned in result sheet (in words & figure)

\* Rechecking will mean only re-totaling of marks of the Theory component.

I, hereby agree to abide by the result of the re-totaling.

**Signature of Applicant**

**Countersignature of the Principal**