



SRI SIDDHARTHA UNIVERSITY

(Declared as Deemed to be University under Section 3 of the UGC Act, 1956)
Agalakote, B.H.Road, Tumkur - 572 107

APPLICATION FOR RE-TOTALING OF MARKS

MBBS / BDS EXAMINATION _____ 20

1. Name of the Candidate :
2. Register Number :
2. Name of the College :
3. Name of the course & Year :
4. Re-totaling details (Subject/s for which re-totaling sought)

Sl.No.	Name of the Subject	Marks Obtained	Fees
1			
2			
3			
4			
TOTAL			

Note: Attach marks extract.

I _____ declare that the Information furnished above is true.

Date:

Signature of the Candidate

Certified that the student belongs to MBBS (phase -I / II / III) / BDS (I / II / III Year.) The candidate has appeared for MBBS -(I/II/III Phase) / BDS-(I/II/III Year) _____ 20____ examination. I recommend the application for re-totaling of marks.

Signature of the Principal