

# Sam Higginbottom University of Agriculture, Technology and Science Allahabad

To,

**The Controller of Examinations  
SHUATS, Allahabad**

Subject: Application for 

(i) Declaration of result	(ii) Issuing of Mark sheet/Transcript.
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Semester 

1	2	3	4	5	6	7	8	√ Please Tick
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I.D.No. \_\_\_\_\_ Name \_\_\_\_\_

Father's Name \_\_\_\_\_ .Programme \_\_\_\_\_.

My result is declared as incomplete/Repeat/Re-registration in following course(s):-

S. No	Sem	Course Code/Course Name	Result (I/R/Re)	Name of subject teacher who taught you	Name of subject teacher conducted your Exam (if known)	(Test/Exam) Conducted (Please Mention Date)
1.						(i)Assignment _____ (ii) Test _____ (iii) Mid Term _____ (iv) End Term _____ (v) Practical _____
2.						(i)Assignment _____ (ii) Test _____ (iii) Mid Term _____ (iv) End Term _____ (v) Practical _____
3.						(i)Assignment _____ (ii) Test _____ (iii) Mid Term _____ (iv) End Term _____ (v) Practical _____

(Please fill one Course in One Column only). For more than 3 courses, please use extra sheet.

Signature of student \_\_\_\_\_ Mobile No. \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Registrar office use only</b>	<b>Serial No:</b>
Received on _____ Sign. of counter clerk _____ Date: _____	Received on _____ Sign. of concerned clerk _____
Action taken: _____	

<b>Student's Copy</b>	
PID No. _____ Name: _____ Received on _____ Date: _____	<b>Serial No:</b> _____   <b>Sign. of counter clerk</b> _____