GOA BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION,

Alto - Betim -Goa.

APPLICATION FORM FOR RE-EVALUATION/ REASSESSMENT OF MARKS

S.S.C. / H.S.S.C., Examination of March/ October 201_____

To, The Secretary Goa Board of Secondary & Higher Secondary Edcuation, ALTO, BETIM – GOA.

Sub.:- Application for Re-evaluation of marks

March/ Oct	tober 201			
I an i) An amo	n enclosing herewith	hy c	anshlarassad D.D.O. No	
i) Ananic	Juni of Ks	by c	of	Bank.
ii) Copy o	f Statements of Grade	es attested by Headmaster/Prir mission of original Passing Ce	cipal of my Institution.	
The par	ticulars about me and	the subjects in which Re-eva	luation of Grades is require	d are given below
	ect in which luation is sought	Marks obtained by the candidate in the subject which Re-evaluation candidate is sought	Language in in paper is ansv	
1				
6				
	1.	Name in full		
		Examination Centre:		
	3.	Full Post Address		
	1			
		Contact Telephone No.:		(P.T.O.)
	Original Passing	Receipt Certificate — cum — Statement	s of Grades / Statements of G	Grades of
		Board to Shri/Smt./Kum as he/she has applied for Re-		
Date			Signature	
		School Stamp		Institution

Signature	of the	Candidate	

ENDORSEMENT BY THE INSTITUTION

Submitted through this Institution.

The candidate has submitted his/her passing certificate - cum - marksheet.

Index No	
Date:	Signature of the Head of the Institution

Note: This receipt shall be preserved by the candidate till the receipt of report of verification of marks and be produced to the Head of the Institution while seeking it back.