

# Goa Board of Secondary & Higher Secondary

Price Rs. 5/-

## Education Alto - Betim

### APPLICATION FORM FOR VERIFICATION OF MARKS

S.S.C/ H.S.S.C., Examination of March / July/ October 200 \_\_\_\_

To,  
The Secretary,  
Goa Board of Secondary &  
Higher Secondary Education,  
ALTO, BETIM - GOA.

#### **Sub.-: Application for verification of Marks in Presence**

Sir, Madam,

I hereby request for verification of marks obtained by me at the S.S.C. / H.S.S.C., Examination of March / October 200 \_\_\_\_ in my presence.

I am enclosing herewith

i) An amount of Rs. \_\_\_\_\_ by cash / cross D.D.No. \_\_\_\_\_  
dated \_\_\_\_\_ of \_\_\_\_\_ Bank.

ii) Copy of mark list attested by Headmaster/ Principal of my Institution.

iii) Copy of receipt towards Submission of original Passing Certificates cum Marksheet  
or

iii) I was issued only a marksheet for S.S.C/ H.S.S.C. Exam for which verification in marks is sought.  
The particulars about me and the Subjects in which verification of marks is required are given below:

Subjects in which verification is sought	Marks obtained by the candidate in the subjects in which verification is sought			Language in which the paper is answered
	Theory	Practical	Total	
1.				
2.				
3.				
4.				
5.				
6.				

1. Name in full \_\_\_\_\_

2. Examination Centre : \_\_\_\_\_ Seat No. \_\_\_\_\_

3. Full Post Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Contact Telephone No.: \_\_\_\_\_

(P.T.O.)

#### Receipt

Original Passing Certificate - cum- marksheet/ marksheet of S.S.C./H.S.S.C. issued  
by the Board of Shri/ Smt./Kum. \_\_\_\_\_  
has been submitted to this office as he/she has applied for verification of marks.

Date \_\_\_\_\_

Place \_\_\_\_\_

School Stamp

Signature \_\_\_\_\_

Head of the Institution

- Note: 1) Candidates shall contact the Board's Office 15 days after submission of application for confirming the date of verification.  
2) This receipt shall be preserved by the candidate till the receipt of verification of marks and be produced to the Head of the Institution while seeking it back.

I undertake that my presence at the time of verification will not confer any right to me to question about the assessment.

I undertake to contact the Head of my Institution 10 days after the last date of receipt of application for verification to know the date of the verification of marks at the Board's Office. I also undertake to submit the examination admission card / identity Card at the time of verification.

I have noted that any misconduct on my part at the time of verification will attract the penal action and cancellation of verification.

I understand that in the event of my failure to remain present for verification of mark's it shall be carried out in my absence.

\_\_\_\_\_  
Signature of the Candidate

**ENDORSEMENT BY THE INSTITUTION**  
Submitted through this Institution.

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

\_\_\_\_\_  
Signature of the Head of the Institution

Index No. \_\_\_\_\_  
Date: \_\_\_\_\_

Note: This receipt shall be preserved by the Candidate till the receipt of report of verification of

08/1500/2009