

**ALI YAVAR JUNG NATIONAL INSTITUTE OF SPEECH AND HEARING DISABILITIES
(DIVYANGJAN), K.C. MARG, BANDRA (W), MUMBAI – 400 050**

APPLICATION FOR RE-EVALUATION / RE-TOTALLING / ZEROX COPY OF ANSWER SCRIPT

EXAMINATION HELD IN

(1) Name of the Training Centre:

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Centre Code:

(2) Name & Mob No. of the Course Co-ordinator:

(3) Course Name:

Academic Year:

(4) Full Name of the Candidate (as enrolled)

(5) PRN / Exam Roll Number of Candidate:

(6) DD Number: Date: Amount:.....

Bank Name:

(7) Number of Papers Applied for Re-totalling / Re-evaluation / Answer Script Copy :

(8) Details of papers Applied for Re-totalling / Re-evaluation / Answer Script Copy

Sr. No.	Subject Code	Subject Name	Re-evaluation (Rs. 1000/-)	Re-totalling (Rs. 500/-)	answer Script Copy (Rs. 500/-)

.....
Signature of the Candidate

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Signature & Seal of the Course co-ordinator

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Note: (01) Demand Draft to be drawn in favour of **"AYJNISHD (D) RCI EXAM"** payable at Mumbai,

(02) Copy of the consolidated Result of the concerned candidate to be attached with the application.