Sri MANAKULA VINAYAGAR
Medical College and Hospital
An Autonomous Institution
Kalitheerthalkuppam, Puducherry - 605 107

EXAMINATION CELL

APPLICATION FOR RETOTALING

To, Date:

The Controller of Examinations,
Sri Manakula Vinayagar Medical College and Hospital,
Pondicherry.

Respected Sir,
I, the undersigned, request you for retotaling of my marks as per details given below: -

1. Full name of the candidate: _____

2. Registration No._____

3. Examination _____

5. Year & Month of the examination: _____

6. Result declared on: _____ Result: **Fail / Pass**

7. Details of the Marks of Examination for subject to be retotalled only:

S.No	Subject	Marks obtained

8. The amount of Rs. _____ as the fees prescribed for retotalling of marks has been paid by RTGS/ NEFT with transaction id _____.

Yours faithfully,

Date:

Time: Signature of the student

Forwarded to the Controller of Examinations, Sri Manakula Vinayagar Medical College and Hospital for necessary action

Director

Instructions to candidates for application of retotaling

1. Application for retotaling must be submitted through the Director of the College.
2. Retotaling applications must be submitted within 10 days from the date of declaration of results.
3. Retotaling fee: Rs.3000/- per subject

Payment details:

Mode of Payment: Online only through RTGS/NEFT using the below details:

Name / Title: SRI MANAKULA VINAYAGA EDUCATIONAL TRUST

Bank: Bandhan Bank Ltd., Puducherry

Account No.: 20200091478256

Branch Code: 001791

IFS Code: BDBL0001791