

**K.K. Wagh College of Agriculture Business Management, Nashik.**

To,  
The Registrar,  
Mahatma Phule Krishi Vidyapeeth,  
Rahuri - 413 722.

Subject: **Verification of marks.**

Academic Session 20 - 20 Term        Semester       

Respected Sir,

I, the undersigned \_\_\_\_\_ Registration No. \_\_\_\_\_  
a student from the K.K. Wagh College of Agriculture Business Management, Nashik  
wish to get my marks in the following courses verified. I have completed the required course work of \_\_\_\_\_ semester during the Academic Session **20 -20** .

I appeared for the final / supplementary examination of the said course / s

Sr. No.	Course No.	Course Title	Remarks
1	2	3	4
1			
2			
3			
4			
5			

The prescribed fee of Rs.100/- (Rs. Hundred only) per course is remitted through SB-collect receipt No. \_\_\_\_\_ dated \_\_\_\_\_ to the K.K. Wagh College of Agriculture Business Management, Nashik.

**Note: 1. This Application does not warranty registration as desired.**

**2. I shall abide by all the rules of the MCAER/MPKV/College as modified from time to time.**

**3. The registration for the course mentioned in this form is subject to the change on verification of my academic record and to the rules governing registration**

Date:

Yours Sincerely,

Place:

Student Signature

The student has obtained the following marks during the semester.

Sr. No.	Course No.	Theory			Practical			Grand Total	Grade
		Mid	Sem. End	Total	Class-work	Sem. End	Total		
1									
2									
3									
4									
5									

**K.K. Wagh College of Agriculture Business Management, Nashik.**

To,  
The Registrar,  
Mahatma Phule Krishi Vidyapeeth,  
Rahuri - 413 722.

Subject: **Re-valuation of marks.**

Academic Session 20 - 20 Term \_\_\_\_\_ Semester \_\_\_\_\_

Respected Sir,

I, the undersigned \_\_\_\_\_ Registration No. \_\_\_\_\_  
a student from the K.K. Wagh College of Agriculture Business Management, Nashik.  
wish to get my marks in the following courses verified. I have completed the required course work of \_\_\_\_\_ semester during the Academic Session **20 -20** .

I appeared for the final / supplementary examination of the said course / s

Sr. No.	Course No.	Course Title	Remarks
1	2	3	4
1			
2			
3			
4			
5			

The prescribed fee of Rs.700/- (Rs. Seven Hundred only) per course is remitted through SB-collect receipt No. \_\_\_\_\_ dated \_\_\_\_\_ to the K.K. Wagh College of Agriculture Business Management, Nashik.

**Note: 1. This Application does not warranty Registration as desired.**

**2. I shall abide by all the rules of the MCAER/MPKV/College as modified from time to time.**

**3. The registration for the course mentioned in this form is subject to the change on verification of my academic record and to the rules governing registration**

**Date:**

**Yours Sincerely,**

**Place:**

**Student Signature**

The student has obtained the following marks during the semester.

Sr. No.	Course No.	Theory			Practical			Grand Total	Grade
		Mid	Sem. End	Total	Class-work	Sem. End	Total		
1									
2									
3									
4									
5									

**Counsellor**

**Exam Section Incharge**

**Assistant Registrar**

**Principal**