

## APPLICATION FOR RECOUNTING OF MARKS

### Applicant Particulars

Candidate's Name : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Examination Roll No : \_\_\_\_\_

Year of Appearance : \_\_\_\_\_

Month of Appearance : \_\_\_\_\_

### School Details

School Name : \_\_\_\_\_

School district : \_\_\_\_\_

School Mandal : \_\_\_\_\_

School Village/Town/City : \_\_\_\_\_

### Educational Details

Mode of Education : \_\_\_\_\_

School Code No.: \_\_\_\_\_

Pin Code : \_\_\_\_\_

Centre Code No: \_\_\_\_\_

Name of the Centre : \_\_\_\_\_

Medium of Instruction: \_\_\_\_\_

### Subjects to be recounted

1st language : \_\_\_\_\_

Mathematics : \_\_\_\_\_

2nd language : \_\_\_\_\_

General Science : \_\_\_\_\_

3rd language : \_\_\_\_\_

Social Studies : \_\_\_\_\_

### Address and Contact Details

Address Line 1: \_\_\_\_\_

Address Line 2 : \_\_\_\_\_

District: \_\_\_\_\_

State/UT : \_\_\_\_\_

City : \_\_\_\_\_

Pin Code : \_\_\_\_\_

Email Address(If any): \_\_\_\_\_

Mobile Number : \_\_\_\_\_

Phone Number : \_\_\_\_\_

### Payment Details

Payment Amount : \_\_\_\_\_

Mode of Payment : \_\_\_\_\_