

## SARVAJANIK UNIVERSITY

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## **Answer Book Viewing Request Form**

Enrollment No.			Date of Request						
Student Full Name									
Institute Name									
Program									
Mobile Number					Email				
Details for Answer book Viewing									
Name of Exam			W-2025		Type of Exam		n Reg	Regular / backlog / Remedial / Int-Backlog	
Semester					Date of Result		lt		
Notif	ication No.	. of R	Result						
Sr. No.	Abos astro		Course Name		Sr. No.	L COURSE CO		Course Name	
Fees / Course			Total No. of courses for which studen has applied to view answer book			Total Fees			
2000						2000*=			
Sig	gn. Of Appl	lican	t:		Date:				
Forwarded through									
Principal / Dean / Direc			tor			Iı	nstitute Stamp		
For Office Use									
Total Fees			Mode				Transaction ID / Ref. No.		
Rs				□ Cash		□ Online			
Document Procced by			Name		I	Designation		Signature	

Note: 1) Applicant is requested to attach the copy of the result

**Approved by,**Hon'ble Provost
Sarvajanik University