Chowgule Education Society's

PARVATIBAI CHOWGULE COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS)

APPLICATION FORM FOR REPEAT / RETAKE EXAMINATION

(To be completed by the student in BLOCK LETTERS. Incomplete/incorrect forms are liable to be rejected.)

A. IMPORTANT INSTRUCTIONS TO STUDENTS

1. Enter course details and credits exactly as shown in the applicable curriculum/marksheet; use another form if needed.
2. Attach the required documents and payment proof, and submit the signed form within the notified deadline.
3. Incomplete, unsigned, late or underpaid applications may not be processed.
4. Acceptance is subject to verification of eligibility, previous attempts, course details and payment.

B. STUDENT AND EXAMINATION DETAILS

Name of Student: _____		Roll No.: _____
Programme: ☐ B.A. ☐ B.Sc. ☐ B.Voc.	Department: _____	Academic Year: _____
Semester: _____ Examination: ☐ Repeat ☐ Retake	College Email: _____@chowgules.ac.in	Contact No.: _____

C. COURSE(S) APPLIED FOR

Sr.no.	Course Title	Theory/Practical	Credits
1			
2			
3			
4			
5			
6			
7			

Total Courses: _____ Total Credits: _____

D. FEE CALCULATION AND PAYMENT DETAILS

Sr.no.	Fee Component	Calculation	Amount (₹)
1	Examination Registration Fee	Fixed: ₹440	₹550
2	Statement of Marks Fee	Fixed: ₹110	
3	Examination Fee	₹45 × Total Credits ____	
4	Late Fee (where applicable)	₹375	
		TOTAL AMOUNT PAYABLE	

E. STUDENT DECLARATION AND UNDERTAKING

I declare that I have personally verified my name, roll number, programme, semester, examination category, course code(s), course title(s), theory/practical classification, credits and fee calculation entered above. I accept responsibility for the correctness and completeness of these particulars and for payment of the prescribed fees. Any short payment arising from an incorrect entry or calculation shall be paid by me within the time specified. I have enclosed the required marksheet(s) and proof of payment. I understand that submission of this form or payment of fees does not by itself establish eligibility, and that acceptance is subject to verification under the applicable College examination rules.

Place & Date	Student Signature	Student Name

F. FOR OFFICE USE

Examination Cell		Accounts Verification
Application No.: _____		Amount received: ₹ _____
☐ Documents complete	_____ Authorized Signature/Date:	Receipt No.: _____
Decision: ☐ Accepted ☐ Rejected		Accounts Signature/Date: _____

Submit the completed form with documents and proof of payment within the notified deadline.