



**EXAMINATION BRANCH
OSMANIA UNIVERSITY, HYDERABAD-500 007**

APPLICATION FORM FOR OBTAINING PHOTOCOPY OF ANSWER SCRIPT

(To be filled in, signed and submitted by the concerned candidate only)

1. Candidates Name								
2. Father's Name								
3. Contact Details	Mobile:			e-mail:				
4. Details of Examination	Course	Year (Ist/ IInd/ IIIrd/ IVth)	Semester (Ist / IInd)	Hall Ticket No.				Exam Year with month
5. Paper(s) for which Photocopy of answer script is desired	1.							
	2.							
	3.							
	4.							
	5.							
	6.							
6. Amount paid vide Demand Draft/ Remittance Coupon	Name of Bank	D.D.No	Date	Amount				
7. Address for correspondence	H.No/ Flat No.:			Village/Mandal:				
	Road No:			District/City:				
	Street/Locality:			State:		PIN:		

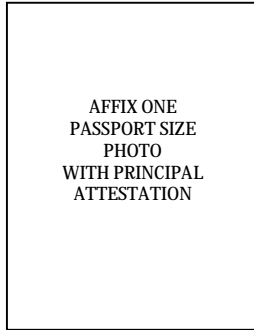
IDENTIFICATION CERTIFICATE

(To be signed by the Principal of the college where the candidate is studying/last studied)

This is to certify that Mr./ Mrs./Miss. _____ son / daughter of _____ bearing HT No.:_____ is the bonafide student of our college and has appeared for the _____ Examination of Osmania University held in (Month-Year)_____. Further, it is certified that the candidate has signed in my presence.

Signature of the candidate:

Date:



Signature of the Principal
(with seal)

INSTRUCTIONS

1. A photocopy of the hall ticket with downloaded memo is to be enclosed along with the application.
2. The prescribed Fee for providing photocopy of the answer sheet is Rs. 1000/- per paper which shall be paid , through Remittance Coupon/D.D. from any nationalized bank drawn in favour of 'The Registrar, Osmania University, Exam Fee Fund A/c No. 52198262033'. In no case the fee is refundable.
3. The copy of the answer sheet will be sent to the candidate only by post.
4. The candidates should apply for revaluation/recounting(whichever is applicable) separately.

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RECEIPT

Received application form for obtaining photocopy of the answer script from Mr./ Mrs./Miss _____

bearing HT No.:_____ course _____, Year _____/ Semester _____ for the following papers:

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Amount Paid:

Bank/ DD No.:

Date:

Signature of the receiver