



ODISHA UNIVERSITY OF HEALTH SCIENCES

SISHU BHAWAN SQUARE, BAPUJI NAGAR, BHUBANESWAR, PIN- 751009

REQUISITION FOR VERIFICATION OF ADDITION OF MARKS SECURED AT UNIVERSITY EXAMINATION

1. Name of the candidates
2. Name of the College
3. Name of the Examination
4. Roll Number / Registration Number.....
5. Subject and papers in which
Verification of addition of marks is
Required

Amount of fee deposited.....
(Rs.100/- is to be deposited for each paper)

(Signature of the Candidate)

Date.....

Address

.....

.....

.....

INSTRUCTIONS

NOTE:

1. The candidate or his representative cannot be allowed to be present at the time of verification.
2. There is no provision for any review of valuation, such as re-examination etc.
3. Principal of Respective Colleges will communicate the requisition form to Controller of Examinations, OUHS.
4. Incomplete application will not be taken into account and no complaint from the candidate concerned will be entertained.