

GANGA INSTITUTE OF TECHNOLOGY & MANAGEMENT, KABLANA

RECHECKING FORM

Name

Father Name

Roll No

Branch

Date

Exam for which Rechecking required: MAY 2015

S. No	Branch/Sem	Name of Subject	Subject Code	Rechecking	Photocopy

Total Fee deposit by student _____ (Rs.)

Declaration by student:

The above said information provided by me is true to the best of my knowledge & belief and nothing has been concealed.

Signature of student