RE-CHECKING / EVALUATION FORM

NWAC, USA - REGIONAL OFFICE

SESSION **2017-2018**

Roll No.

Student's Name: *(To be filled in CAPITAL letters)*

Name of Father / Guardian: *(To be filled in CAPITAL letters)*

Name of Mother: *(To be filled in CAPITAL letters)*

Date of Birth: D D M M Y Y Y Y Sex: M F Category: GEN OBC SC ST Others

School Name _____

Details of the Marks Obtained in NWAC Grade (either 10th/12th)

S.No.	Subject Name	Month & Session	Maximum Marks	Marks Obtained		Total Marks Obtained
				PR.	TH.	
1.		**JUNE 2018**	**100**			
2.		**JUNE 2018**	**100**			
3.		**JUNE 2018**	**100**			
4.		**JUNE 2018**	**100**			
5.		**JUNE 2018**	**100**			
6.		**JUNE 2018**	**100**			
7.		**JUNE 2018**	**100**			

Re-checking/Evaluation Subject details

SUBJECT CODE	SUBJECT NAME

SUBJECT CODE	SUBJECT NAME

SUBJECT CODE	SUBJECT NAME

FEE DETAILS:

DD Date: _____ DD Amount : _____

DD No. : _____ Bank Name : _____

I, ... S/D/o. .....

.....hereby declare that I have undergone through General Guidelines and instructions of Re-examination and submit my acceptance for the same.

Signature of Student

Left Hand Thumb Impression of Student