

Dealing Asstt.

APPLICATION FORM IS
BEING ACCEPTED
PROVISIONALLY
SUBJECT TO
VERIFICATIONS OF
DETAILS

UNIVERSITY OF DELHI

APPLICATION FOR COPY OF OMR RESPONSE SHEET (ORS) DESCRIPTIVE EVALUATED
ANSWER-SCRIPT FOR THE ENTRANCE EXAMINATIONS CONDUCTED BY THE
DEPARTMENTS OF THE UNIVERSITY

CANDIDATE SHOULD CAREFULLY GO THROUGH THE RULES PRINTED OVERLEAF
BEFORE FILLING IN THIS FORM

This application is TO BE FILLED IN AND SIGNED BY THE CANDIDATE ONLY. Application submitted on behalf of the candidate, as also incomplete application will be rejected summarily without any further reference.

1. Name of Candidate (Block letters) Mr./Mrs./Miss:
2. Father's /Mother's Name :
3. Entrance Examination Name :
4. Name of the Faculty/Department:
5. Entrance Examination Roll No:
6. Date of the Entrance Examination:
7. Centre of the Entrance Examination:
8. Question Paper Booklet Series no. :
- (if request is for ORS)
- 9(a) Request for a copy of the ORS (for MCQ type Examinations) Yes/No.
- 9(b) Request for a copy of the Descriptive Evaluated Answer Script for descriptive type Examinations Yes/No.

DECLARATION

I have carefully read rules regarding supply of ORS/evaluated answer script printed overleaf and I agree to be governed by the same.

Address :

(IN BLOCK LETTERS)

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.....Pin Code.....

Tel. No./Mobile.....

(Signature of Candidate)

Head of the Department
(Signature with Rubber Stamp)

Note : Signature of the candidate must correspond to that on Examination form filled in by him/her.

(TO BE FILLED IN BY THE DEPARTMENT)

Intimation No.....

Rs.....

Date.....

Received

Receipt No.....

Date.....