

**GOA BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION,
Alto – Betim –Goa.**

APPLICATION FORM FOR RE-EVALUATION/ REASSESSMENT OF MARKS

S.S.C. / H.S.S.C., Examination of March/ October 201_____

To,
The Secretary
Goa Board of Secondary &
Higher Secondary Education,
ALTO, BETIM – GOA.

Sub.-: Application for Re-evaluation of marks

Sir/Madam,

I hereby request for Re-evaluation of marks obtained by me at the S.S.C./H.S.S.C., Examination of March/ October 201_____.

I am enclosing herewith

- i) An amount of Rs._____ by cash/crossed D.D.O. No._____ dated _____ of _____ Bank.
- ii) Copy of Statements of Grades attested by Headmaster/Principal of my Institution.
- iii) Copy of receipt towards submission of original Passing Certificate cum Statements of Grades

The particulars about me and the subjects in which Re-evaluation of Grades is required are given below.

Subject in which Re-evaluation is sought	Marks obtained by the candidate in the subject in which Re-evaluation candidate is sought	Language in which the paper is answered
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

1. Name in full _____
2. Examination Centre: _____ Seat No. _____
3. Full Post Address _____

4. Contact Telephone No.: _____

(P.T.O.)

Receipt

Original Passing Certificate – cum – Statements of Grades / Statements of Grades of S.S.C./H.S.S.C.E. issued by the Board to Shri/Smt./Kum _____ has been submitted to this office as he/she has applied for Re-evaluation of marks.

Date _____
Place _____

School Stamp

Signature _____
Head of the Institution

Signature of the Candidate

ENDORSEMENT BY THE INSTITUTION

Submitted through this Institution.

The candidate has submitted his/her passing certificate - cum – marksheet.

Index No. _____

Date:

Signature of the Head of the Institution

Note: This receipt shall be preserved by the candidate till the receipt of report of verification of marks and be produced to the Head of the Institution while seeking it back.