MAHATMA PHULE KRISHI VIDYAPEETH, RAHURI

DR. VITHALRAO VIKHE PATIL FOUNDATION'S, COLLEGE OF AGRICULTURE, Vadgaon Gupta (Vilad ghat) Ahmednagar APPLICATION FORM FOR VERIFICATION OF MARKS

| | Registra | | | | | | | |
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| I undersignedRegn.No A student from DVVPF'S College of Agriculture, Vadgaon Gupta (Vilad Ghat), Ahemdnagar wis | | | | | | | | |
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| | | Dates | s mentioned | l agains | t the course/ | S. | | |
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| Dated Yours faithfully, Signature: Name of the Student: Reg. No. Signature of counselor | | | | | | | | |
| (To BE FILLED BY THE COLLEGE OFFICE) Sr. Course No Total Theory Total Practical Total | | | | | | | | Total |
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| | | | Mid term | Final Exam | | Lab Work | Final Practical Exam | |
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| He/ S1 | he has app | eared/Not appe | eared for the | examina | tion conducte | d during the | period from | to |

Exam In Charge Clerk **PRINCIPAL**