MAHARAJA SURAJMAL INSTITUTE OF TECHNOLOGY

C-4. Janak Puri. New Delhi-110058

Date: 30-06-2020

NOTICE FOR SUBMISSION OF RE-CHECKING of ANSWER SHEET/INSPECTION OF ANSWER SHEET (Fee & Form)

The students of final year are hereby notified that the 5th semester results have been declared by

the GGSIPU University. Those students who wish to apply for Re-checking of Answer Sheets/

Inspection of Answer Sheet are hereby instructed to deposit the re-checking/Inspection of

Answer Sheet fee in the Institute's account through online transfer as per attached Format A, B

& C. The Re-checking fee/Inspection of Answer Sheet fee must be deposited in the institute's

account positively by 07.07.2020 and the copy of transaction proof & scanned copy of

Application form as per Format A, B & C may be sent by mail to examcell@msit.in for instant

verification. Also, it is mandatory to fill the following Google form after submission of re-

checking or inspection of answer sheet fee. The complete details regarding

rechecking/inspection of answer sheet/certified copy of answer sheets is given at the

attached university notice.

Google Form https://forms.gle/NtkZdVCDxaHGuF4RA

The Details of the Bank Account in which the re-checking fee/inspection of answer sheet fee to

be deposited is as under:-

Account Holder's Name: Maharaja Surajmal Institute of Technology

Account No.: 175901000001658

IFSC Code: IOBA0001759

Bank Name: Indian Overseas Bank

Branch: C-Block, Janak Puri, New Delhi-110058

(Dr. K. P. Chaudhary) Director

Copy to:-

All HODs

College Website





Sector 16-C, Dwarka, New Delhi - 110078, website: www.ipu.ac.in

EXAMINATION DIVISION

No. GGSIPU/EXAM/2020/ 1136

Dated:11th June 2020

NOTICE

Sub: Rechecking / Inspection of Evaluated Answer Sheets

It is brought to the notice of all the Dean/Director/Principal of University School of Studies and affiliated Institutes/Colleges that the results for the End Term Examinations, December 2019 & Examination held thereafter have been declared/ will be declared shortly. To facilitate all those students who intend to apply for rechecking/inspection of evaluated answer sheets/ obtaining certified copies of evaluated answer sheets. Due to closure of the University on account of COVID-19 Pandemic and in order to regularize the process within stipulated time, the following procedure will be followed till the situation improves:

A. Procedure to be followed by the student:

- The students intending to apply for rechecking/inspection of answer sheets and obtaining certified copies of evaluated answer sheet may download the application form annexed with this notice and fill the form manually.
- 2. The students are required to pay requisite fee to their respective School/Institute/College through online mode. Thereafter, the students are required to scan the duly filled application form and the copy of the fee receipt submitted by him/her and e-mail it to their concerned School/Institute/College within 15 working days from declaration of the result on University website. For more information on the purpose, the students may contact their respective School/Institute/College. The details of fee are as under; -

S. No.	Type of Rechecking as per the Regulation	Requisite fee/ answer sheet	Application Format
1.	Rechecking of evaluated answer sheets	Rs. 500/-	Annexure "A"
2.		Rs. 1,200/-	Annexure *B*
3.	Providing Certified copies of evaluated answer sheets	Rs. 1,500/-	Annexure *C*

In addition to above, all those students whose result were declared before lockdown/or in lockdown period and were not able to fill the application form, may submit their applications through the above procedure within 15 days from issue of this notice.

B. Procedure to be followed by the Schools/Institutes/Colleges:

 The School/Institute/College after receipt of scanned application form and fee from their students will prepare a consolidated list of students mentioning the paper codes in which the students intend to apply. The format shall be as under:

S.	Prog.	Enrollment	Student	Paper	Paper	Type (Rechecking/	Amount
No.	Name	No.	Name	Code	Name	Inspection/ Certified Copy)	
a g e		Inemarker	7				

1 | Page

2. The total fee received by the School/Institute/College should be submitted in the University Account through NEFT/RTGS/ECS etc. The details of the same are as under:

1.	Account Holder Name	Registrar, Guru Gobind Singh Indraprastha University
2.	Account No.	927860555
3.	IFSC Code	IDIB000G082
4.	Bank Name	Indian Bank
5.	MICR Code	110019071
6	Account Type	SB (Saving)
7.		02029
8.	Branch Name & Address	GGSIPU, Sec. 16C, Dwarka, New Delhi - 110078
9.	Banker's Phone No.	011-28035244
10.	Remarks	Rechecking, Inspection & Certified Copy Application Fee

3. The consolidated list duly certified by the Dean/Director/Principal of the School/ Institute/College should be submitted in Hard Copy to the Examination Division within stipulated period as mentioned in the Regulation.

The Examination Division after verifying the list submitted by the School/Institute/College & fee details with Finance & Accounts Department, will take necessary action as provided in the Regulation.

(Prof. Prodyut Bhattacharya)
Controller of Examinations (Incharge)

No. GGSIPU/EXAM/2020/

Dated:11th June 2020

Copy to:

- 1. Dean/Director/Principal of USS & affiliated Institutes/colleges.
- 2. All Examination Officers, Examination Division
- 3. A.R. to Hon'ble Vice-Chancellor for information please.
- 4. A.R. to Registrar for information please.
- 5. P.S. to Controller of Finance for information please.
- 6. Office copy

(Naveen Budhiraja) Assistant Registrar to COE



SECTOR 16C, DWARKA, NEW DELHI - 110078

EXAMINATION DIVISION

Application Form for Rechecking of Evaluated Answer Sheet(s)

Important Note: The filled in application form with the requisite fee @ Rs. 500/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the St	udent/ Applicant:				
2	Name of Fathe	r/ Guardian:				
	(as stated in the University records)					
3	Enrollment Number of Student/ Applicant:					
4	Name of the USS/ Affiliated Institute:					
5	Programme/ C	ourse:				
6	Contraction of the Contraction o	th of Examination:				
7		ation/ Notification of Result:				
8	Date of Applica	The second secon				
9	Address for Co	the state of the s				
10	Phone Number	the same of the sa				
11	Email ID:					
12	Details of the F	ee submitted, Amount (in Rs.):				
13	Indian Bank Ch	allan No.:				
14	Description of	Answer Sheet requested for Reched	king:			
	Semester	Paper Code & Subject				
(i)						
(ii)						
(iii)						
(iv)						
(v)						
(vi)		_15				
(vii)		1/2				
(viii)						
(ix)						
(x)		=7123				
15	<u>Undertaking by the applicant:</u> I do hereby undertake that I shall strictly abide by the University rules & regulations governing re-checking of evaluated answer sheets. Further I understand that scope of rechecking of evaluated answer sheets covers correction of totaling mistakes and evaluation of unevaluated answers only.					
			Signature of the Applicant			
16						
	Dean/ Director/ Principal of USS/ Institute					
17	Space for official	al use:				



SECTOR 16C, DWARKA, NEW DELHI - 110078

EXAMINATION DIVISION

Application Form for Inspection of Evaluated Answer Sheet(s)

Important Note: The filled in application form with the requisite fee @ Rs. 1,200/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the St	udent/ Applicant:		
2	Name of Father/ Guardian:			
	(as stated in the University records)			
3	Enrollment Number of Student/ Applicant:			
4	Name of the USS/ Affiliated Institute:			
5	Programme/ Co	ourse:		
6	Year and Mont	h of Examination:		
7	Date of Declara	ation/ Notification of Re	sult:	
8	Date of Applica	ntion:		
9	Address for Co	rrespondence:		
10	Phone Number	rs:		
11	Email ID:			
12	Details of the F	ee submitted, Amount	(in Rs.):	
13	Indian Bank Ch	allan No.:		
14	Bank account d	letails for refund of re-c	hecking fee,	if any, as per clause 5(G) of the Regulation:
15	Bank Account N	Number &		
	Name of the Ba	ank Account holder:		
16	Name of the Ba	ank and the Branch:		
17	Description of	Answer Sheet requested	for Inspect	ion:
	Semester	Paper Code & Subject		
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(ii)				
(iii)				
(iv)				
(v)			- 7 %	
(vi)				Par Str.
18	Undertaking by	the applicant: I do her	eby underta	ke that I shall strictly abide by the University rules &
	regulations gov	erning rechecking, inspe	ection & pro	ovision of certified photocopies of evaluated answer
	sheets. Further	I do hereby undertake	that neither	shall I indulge in any act which may be prejudicial to
	the maintenand	ce, preservation, safety	and secur	ity of the answer sheets nor shall I resort to any
	unauthorized or	improper use of inform	nation recei	ved pursuant to this request in any manner which is
	likely to prejudi	cially affect the interest	ts of the Un	iversity or its functionaries nor shall I engage in any
	uncalled for arg	ument with the official	facilitating t	he inspection of answer sheets.
				Signature of the Applicant
19		, die		
	Dean/ Director/	Principal of USS/ Instit	tute	
20	Space for officia	l use:		



SECTOR 16C, DWARKA, NEW DELHI - 110078

EXAMINATION DIVISION

Application Form for Certified Copy of Evaluated Answer Sheet(s)

Important Note: The filled in application form with the requisite fee @ Rs. 1,500/- per paper duly forwarded by the Dean of concerned USS or Director/ Principal of concerned affiliated institute, should be submitted to office of the Controller of Examinations, Guru Gobind Singh Indraprastha University, Sector-16C, Dwarka, New Delhi – 110078, within 15 days from the date of declaration/ notification of the respective results.

1	Name of the Student/ Applicant:				
2	Name of Father/ Guardian:				
	(as stated in the University records)				
3	Enrollment Nur	mber of Student/ Applic	ant:		
4	Name of the US	SS/ Affiliated Institute:			
5	Programme/ Co	ourse:			
6		h of Examination:			
7	Date of Declara	ation/ Notification of Res	sult:		
8	Date of Applica	tion:			
9	Address for Cor	rrespondence:			
10	Phone Number	2:			
11	Email ID:				
12	Details of the F	ee submitted, Amount (in Rs.):		
13	Indian Bank Cha				
14	Bank account d	etails for refund of re-cl	hecking fee,	if any, as per clause 6(F) of the Regulation:	
15	Bank Account N	lumber &			
	Name of the Ba	ink Account holder:			
16	Name of the Ba	ink and the Branch:			
17	Description of A	Answer Sheet requested	for Certifie	d Photocopy:	
	Semester	Paper Code & Subject			
(i)	100				
(ii)	p to			·	
(iii)	par-			8 .	
(iv)	1	17			
(v)	180			IN-LE	
(vi)	815				
18	Undertaking by	the applicant: I do here	eby underta	ke that I shall strictly abide by the University rules &	
	regulations gove	erning re-checking, insp	ection & pr	ovision of certified photocopies of evaluated answer	
	sheets. Further	I do hereby undertake t	that neither	shall I indulge in any act which may be prejudicial to	
	the maintenance	e, preservation, safety	and secur	ity of the answer sheets nor shall I resort to any	
	unauthorized or improper use of information received pursuant to this request in any manner which is				
	likely to prejudicially affect the interests of the University or its functionaries.				
				Signature of the Applicant	
19	10				
	Dean/ Director/	Principal of USS/Instit	tute		
20	Space for officia	l use:			
	F.				
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