



गोंडवाना विद्यापीठ, गडचिरोली

(महाराष्ट्र शासन अधिनियम क्रमांक २००३/(३२२/०३) विधि-४ महाराष्ट्र अधिनियम १९९४ (१९९४ चा महा ३५) च्या कलम ३ च्या
शेड्यूल (२) अन्वयेनेक २७ सप्टेंबर, २०११ रोजी स्थापित महाराष्ट्र सार्वजनिक विद्यापीठ अधिनियम, २०१६ (सन २०१७ चा महाराष्ट्र विद्यापीठ अधिनियम क्रमांक ६) व्हायमयांलिनगज्य विद्यापीठ)

परिक्षा व मुल्यमापन मंडळ विभाग

कॉम्प्लेक्स परिसर, एम.आय.डी.सी. रोड,
गडचिरोली-४४२६०५

दूरध्वनीक्रमांक: कार्यालय: ०७१३२-२२३३२०
ईमेल : director.boee@unigug.ac.in

जा. क्र. गों.वि./परीक्षावि./पुन. वि./५४५५ /२०२६

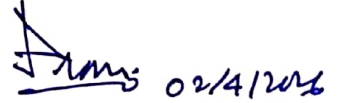
दि. ०३ / ०४ / २०२६

परिपत्रक

गोंडवाना विद्यापीठाशी संलग्नित सर्व महाविद्यालयातील मा. प्राचार्य व विद्यार्थ्यांना सुचित करण्यात येते की, E-SAMARTH प्रणालीद्वारे B.C.C.A. CBCS SEM I या अभ्यासक्रमाचे आवेदन अर्ज Online रित्या सादर करण्यास तांत्रिक अडचण निर्माण होत असल्याने विद्यार्थ्यांनी पुनर्मुल्यांकनाचे आवेदन अर्ज दि. ०६-०४-२०२६ ते १५-०४-२०२६ पर्यंत Offline रित्या भरून महाविद्यालयात जमा करावे.

महाविद्यालयांनी (Appendix - D मध्ये भरु न मा. प्राचार्यांच्या सहनिशी तसेच Appendix - D ची Soft Copy (Excel Sheet) तयार करून post.exam@unigug.ac.in या ई-मेल वर पाठविण्यात यावे व प्रक्रिया पूर्ण करावी) महाविद्यालयांनी सादर आवेदन पत्र विद्यापीठामध्ये शुल्कासह दि. १८-०४-२०२६ पर्यंत सादर करावे. विहित मुदतीत सादरचे आवेदन अर्ज विद्यापीठामध्ये जमा न केल्यास सर्वस्वी जबाबदारी महाविद्यालयाची राहिल.

सहपत्र- 1. Appendix-A 2. Appendix-B 3. Appendix-C 4. Appendix -D



(डॉ. प्रविण पोटदुखे)

संचालक

परीक्षा व मुल्यमापन मंडळ विभाग





GONDWANA UNIVERSITY, GADCHIROLI

Appendix - A

**Application for Issue of Certified Photo/Xerox Copy of Assessed Answer Book
(A person shall make separate application form for separate examination)**

To,
The Controller of Examinations,
Gondwana University, Gadchiroli.

Through
The Principal,

COLLEGE
CODE NO

Sir,

I, the examinee, am submitting this application for supply of certified photo/Xerox copy of the assessed answer book.

I declare that I have read and understood the provisions of the Direction No. 5 of 2004 and I accept all the terms and conditions of the said Direction.
I am paying the fee of Rs. in cash/by D.D. No..... dated drawn on Bank, payable at Gadchiroli in the Name of Account & Finance Officer, Gondwana University Branch, Gadchiroli Code No.9648.

The details of examination and paper (s) are as under:-

- (a) Name of Examinee (In Full) :
- (b) Name of Examination :
- (c) Year of Examination : Summer / Winter,
- (d) Roll No. :
- (e) Enrollment No. :
- (f) Paper for which photo copies are applied : (i) MARKS OBTAINED
: (ii) MARKS OBTAINED
- (g) Date of declaration of result :
(As per mark list)

The attested copy of the mark list of above Examination is enclosed herewith.
I declare that the above information is true and correct to the best of my knowledge.

Place :

Date :

Signature of Applicant

FOR COLLEGE USE

The application is received with fee of Rs. in cash/D.D.No..... dated drawn on Bank and on scrutiny the application is found to be in order.

The examination form of the above candidate was submitted through our college. Hence forwarded.

Place :

Date :

Signature
Principal/Head/Dean/Director.
Seal





GONDWANA UNIVERSITY, GADCHIROLI

Appendix-B

Application for Issue of Certified Photo/Xerox Copy of Assessed Answer Book person shall make separate application form for separate examination)

To,
The Controller of Examinations,
Gondwana University, Gadchiroli.

Through
The Principal,

COLLEGE
CODE NO

Sir,

I, the examinee, am submitting this application for supply of certified photo/Xerox copy of the assessed answer book.

I declare that I have read and understood the provisions of the Direction No. 5 of 2004 and I accept all the terms and conditions of the said Direction.

I am paying the fee of Rs. in cash/by D.D. No. dated drawn on Bank, payable at Gadchiroli in the Name of Account & Finance Officer, Gondwana University Branch, Gadchiroli Code No.9648.

The details of examination and paper (s) are as under:-

(a) Name of Examinee (In Full) :

(b) Name of Examination :

(c) Year of Examination : Summer / Winter,

(d) Roll No. :

(e) Enrollment No. :

(f) Paper for which photo copies are applied : (i) MARKS OBTAINED

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: (ii) MARKS OBTAINED

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(g) Date of declaration of result :
(As per mark list)

The attested copy of the mark list of above Examination is enclosed herewith.

I declare that the above information is true and correct to the best of my knowledge.

Place :

Date :

Signature of Applicant

FOR COLLEGE USE

The application is received with fee of Rs. in cash/D.D. No. dated drawn on Bank and on scrutiny the application is found to be in order.

The examination form of the above candidate was submitted through our college. Hence forwarded.

Place :

Date :

Signature

Principal/Head/Dean/Director.

Seal





GONDWANA UNIVERSITY, GADCHIROLI

To,

The Controller of Examinations,
Gondwana University, Gadchiroli.

COLLEGE CODE NO

REFERENCE :- Application for Retotalling of marks. (Theory Paper Only)

Sir,

I beg to apply for retotalling of marks ----- Examination of Summer / Winter
20--- in the subject given below:-

MY PARTICULARS OF EXAMINATION ARE AS FOLLOWS:-

1. Name of Applicant : -----
2. Name of Examination : ----- Summer / Winter 20 -----
3. Roll No. : ----- College Code -----
4. Enrollment No. : -----
5. Subject/s in which retotalling is required : 1) -----
2) ----- 3) -----
6. Prescribed fee is deposited herewith (Receipt enclosed) 1) Rs -----
2) Receipt No ----- date -----

A true copy of mark-list is enclosed herewith for a ready reference.

Address for Correspondance: Your's Faithfully

(Applicant)

FEE PERSCRIBED FOR RETOTALLING OF MARKS

Rs. 100/- per paper

Note: Please enclosed-

1. True copy of mark- list,
2. Pay-in- Slip.

Note : This application may be submitted within 07 days from the date of announcement of the result.

Appendix - D

महाविद्यालयाने नाव:—

प्राचार्यांचे नाव:—

संबंधित लिपीकाराचे नाव व मोबाईल नंबर:—

पुर्नमुल्यांकन हिवाळी २०२५ करीता अर्ज करताना महाविद्यालयाने विद्यापीटामध्ये सादर करावयाचे तपशिल

अ. क्र.	विद्यार्थ्यांचे पुर्ण नाव	बँचक क्रमांक	कोर्स आणि सेमीस्टर	पुर्नमुल्यांकन विषयाचे नाव	रक्कम रु.	विद्यार्थ्यांचे बँकेचे विवरण					
						खाते क्र.	आयएफसी कोड	शाखेचे नाव	ई-मेल	फोन नंबर	मो. नं.
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एकूण रक्कम रु.											

प्राचार्य सहि व शिक्का

