

**APPLICATION FOR
RE-TOTALLING OF MARKS**

Name: _____

Address: _____

Email Id : _____

Mobile No. : _____

Date: _____

To
The Controller of Examinations
College of Physicians & Surgeons
Dr. E. Borges Marg, Parel,
Mumbai: 400012

Subject: **Application for Re-totalling of marks in Theory Examination**

Reference: **Subject:** _____ **Roll No.** _____ Enrollment No. _____

Sir,

I have appeared for _____ Examination
in month/yr _____ from the College of Physicians & Surgeons of Mumbai.

I would like to request you to kindly recheck the total marks of my theory
papers (Paper I II III IV) and do the needful.

Declaration : I undersigned have carefully read rules regarding retotaling and I am fully aware of that
only retotaling of marks shall be done. I agreed to be governed by the same.

Thanking you

Encl: Photocopy of MarkSheet

Yours sincerely

(Candidate's Signature)

FOR OFFICE USE

Examination Section: Verified by: _____ . To pay Rs. _____

Accounts Section

Received Amount of Rs. _____ on date _____

By Receipt No. _____ By Cash / DD / Online _____