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| **Rajiv Gandhi University of Health Sciences, Karnataka** |
| **4th ‘T’ Block, Jayanagar, Bangalore - 560041** |
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| **Application for Issuing of Soft copy of Answer Script .** |
| Application No:(For Office Use) |
| Name of the Applicant : |  |
| Register Number : |  |
| Name of the College : |  |
| Year : |  |
| Residential Address : |  |
| Phone/Mobile No. : |  |
| E-mail ID : |  |
| Month &Year of Examination : |  |
| Date of Applying : |  |

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| **Subjects Applying for soft copy of answer scripts** |
| **QP Code** | **Subject Name** | **Amount Paid** |
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| **Total Amount :** |  |

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| Amount : |  |
| Transaction ID No. : |  |
| Date of Transaction ID : |  |
| Bank / Branch : |  |

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|  | **Signature of the Applicant** |