Rajiv Gandhi University of Health Sciences, Karnataka

4th 'T' Block, Jayanagar, Bangalore-560 041

APPLICATION FORM FOR CHALLENGE VALUATION (CV)

1. FACULTY/COURSE :_____ EXAM : _____ _____
Month Year

2. DATE OF ANNOUNCEMENT OF RESULT : __/__ /____/ 3.LAST DATE FOR APPLICATION*: __/__ /____/

4.UNIVERSITY REGISTER NO : | | | | | | | |

5.NAME OF THE CANDIDATE (In Block Letters) :

6. CANDIDATE'S E-MAIL :

7.NAME OF THE COLLEGE:

8.TARGET/GOAL FOR CV : ☐ PASS ☐ CHANGE IN CLASS
(Tick any one) (For ex : Second class to first class)
☐ DISTINCTION ☐ RANK

9. Details of the subject/paper for CV

Sl No	Year/ Phase	QP Code	Subject	Paper	Marks obtained	Fees paid

Total fees paid in words_____ Total _____

Receipt/DD No._____ Date :_____ Bank & Branch_____

I declare that the information given above is correct and if found incorrect my application for CV may be rejected.

Date :

_____
Signature of the candidate

Recommendation of the Principal**

Mr./Mrs._____ bearing Reg.No._____
is a bonafide student of this college. The information given above by the candidate is correct.

Date :_____

_____
Signature of the Principal with Seal

***10 days in person and 15days by post from the date of announcement of the result**

**** Principals of the respective colleges should verify the date of announcement of the result and last date to apply for CV before forwarding the application. Only one application per candidate shall be forwarded.**