



UNIVERSITY OF MUMBAI

JANARDAN BHAGAT SHIKSHAN PRASARAK SANSTHA'S

**CHANGU KANA THAKUR ARTS, COMMERCE & SCIENCE COLLEGE, NEW PANVEL
(AUTONOMOUS)**



APPLICATION FOR VERIFICATION OF MARKSHEET

Name : _____

Class: _____ Roll No.: _____

Date: _____

To,
The Principal
Changu Kana Thakur A. C. S. College,
New Panvel.

Sub : Verification of Marksheet

Respected Sir,

With reference to above mentioned subject, I would like to request you to verify my marksheet for semester/ Term end/ ATKT result.

Information of required result

Name : _____

Class: _____ Mobile No.: _____

Subject of verification of result _____ Paper No. _____

Examination _____ Exam Seat No. _____

Academic Year : _____

Please verify my result as early as possible.

Yours sincerely,

(Sign. of Students)

Encl. : Xerox copy of required marksheet
: Fees receipt.

Principal
Changu Kana Thakur A. C. S. College,
New Panvel.