

K.K. Wagh College of Food Technology, Nashik.

Read: 1)The MCAER in its 63rd meeting held on 21/03/2005.
2)No. ACD-1/Grace Marks/1195/3398/2005 dated 05/06/2009
Implement with retrospective effect from academic year 2004-05.

To,
The Registrar,
Mahatma Phule Krishi Vidyapeeth,
Rahuri - 413 722.

Subject: **Application for Grace Marks for the Semester End Examination**
Academic Session _____ Term _____ Semester _____
Before / After Revaluation

Respected Sir,

I the undersigned _____

Registration No. _____ Student of K.K. Wagh College of Food Technology,
Nashik wish to avail the benefit of grace marks as per academic rules for passing in the following
courses.

PART – I (Statement of Previously availed Grace Marks)

| Sr. No. | Academic Year | Semester | Course No. | Credits | Marks obtained | | | Grace Marks Taken | Total Marks | Balance Grace Marks |
|---------|---------------|----------|------------|---------|----------------|----|-------|-------------------|-------------|---------------------|
| | | | | | TH | PR | TOTAL | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | | 7 | 8 | 9 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

PART – II (Courses applied for Grace Marks)

| Sr. No. | Academic Year | Semester | Course No. | Credits | Marks obtained | | | Grace Marks Required | Total Marks | Balance Grace Marks |
|---------|---------------|----------|------------|---------|----------------|----|-------|----------------------|-------------|---------------------|
| | | | | | TH | PR | TOTAL | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | | | 7 | 8 | 9 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

- Note: 1. This Application does not warranty registration as desired.
2. I shall abide by all the rules of the MCAER/MPKV/College as modified from time to time.
3. The registration for the course mentioned in this form is subject to the change on verification of my academic record and to the rules governing registration

Date:

Yours Sincerely,

Place:

Student Signature

The request of grace marks under “F” Grade is Approved / Not Approved

K.K. Wagh College of Food Technology, Nashik.

To,
The Registrar,
Mahatma Phule Krishi Vidyapeeth,
Rahuri - 413 722.

Subject: **Verification of marks.**
Academic Session _____ Term _____ Semester _____

Respected Sir,
I, the undersigned _____ Registration No. _____ a student from the K.K. Wagh College of Food Technology, Nashik wish to get my marks in the following courses verified. I have completed the required course work of _____ semester during the Academic Session _____.
I appeared for the final / supplementary examination of the said course / s

| Sr. No. | Course No. | Course Title | Remarks |
|---------|------------|--------------|---------|
| 1 | 2 | 3 | 4 |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

The prescribed fee of Rs.100/- (Rs. Hundred only) per course is remitted through SB collect receipt No. _____ dated _____ to the K.K. Wagh College of Food Technology, Nashik.

- Note:**
- 1. This Application does not warranty registration as desired.**
 - 2. I shall abide by all the rules of the MCAER/MPKV/College as modified from time to time.**
 - 3. The registration for the course mentioned in this form is subject to the change on verification of my academic record and to the rules governing registration**

Date: _____ Yours Sincerely,

Place: _____ Student Signature

The student has obtained the following marks during the semester.

| Sr. No. | Course No. | Theory | | | Practical | | | Grand Total | Grade |
|---------|------------|--------|----------|-------|------------|----------|-------|-------------|-------|
| | | Mid | Sem. End | Total | Class-work | Sem. End | Total | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

K.K. Wagh College of Food Technology, Nashik.

To,
The Registrar,
Mahatma Phule Krishi Vidyapeeth,
Rahuri - 413 722.

Subject: **Re-valuation of marks.**

Academic Session _____ Term _____ Semester _____

Respected Sir,

I, the undersigned _____ Registration No. _____ a student from the K.K. Wagh College of Food Technology, Nashik. wish to get my marks in the following courses verified. I have completed the required course work _____ semester during the Academic Session _____.

I appeared for the final / supplementary examination of the said course / s

| Sr. No. | Course No. | Course Title | Remarks |
|---------|------------|--------------|---------|
| 1 | 2 | 3 | 4 |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

The prescribed fee of Rs.700/- (Rs. Seven Hundred only) per course is remitted through SB collect receipt No. _____ dated _____ to the K.K. Wagh College of Food Technology, Nashik.

Note: 1. This Application does not warranty registration as desired.

2. I shall abide by all the rules of the MCAER/MPKV/College as modified from time to time.

3. The registration for the course mentioned in this form is subject to the change on verification of my academic record and to the rules governing registration

Date: _____ Yours Sincerely,

Place: _____ Student Signature

The student has obtained the following marks during the semester.

| Sr. No. | Course No. | Theory | | | Practical | | | Grand Total | Grade |
|---------|------------|--------|----------|-------|------------|----------|-------|-------------|-------|
| | | Mid | Sem. End | Total | Class-work | Sem. End | Total | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

Exam Section Incharge

Assistant Registrar

Principal