

APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPTS OF DCA EXAMINATION (..... BATCH) 20...

1. Name of Candidate (in block letters) :
2. Reg No. :
- a) Name & School code of Exam Centre :
- b) District :
3. Subject[s] and Paper[s] for which photocopy of answer scripts is required

Sl.No.	Subject	Name of Paper[s]	Score

4. Whether copy of Mark list enclosed : Yes No
5. Address of the Candidate to which :
- Communications are to be sent :
- (in block letters) :
- Pin Code :
- Phone No: :

DETAILS OF FEE REMITTED

Online Remittance

Transaction No.	Date	Amount

Offline Remittance

Invoice No. & Date of Chalan	Name of Post Office	Amount

Applications should be submitted to the concerned Principal before the last date stipulated

Signature of the Candidate :

Place:

Date:

Office Seal

Signature of the Principal

(DCA Study Centre)