

EXAMINATION BRANCH OSMANIA UNIVERSITY, HYDERABAD-500 007

APPLICATION FORM FOR OBTAINING PHOTOCOPY OF ANSWER SCRIPT

					e concerned candida		
1. Candidates Name							
2. Father's Name	26.1.0				.,		
3. Contact Details	Mobile:		o .	e-	e-mail: Exam Year		
4. Details of Examination	Course	Year	Semester		Hall Ticket No	· with month	
	1.						
5. Paper(s) for which Photocopy of answer script is desired	2.						
	3.						
	5.						
	6.						
6.Core Banking details receipt		Receipt No			Date	Amount	
7	H.No/ Flat No.:	1			Village/Mandal:		
7. Address for	Road No:				District/City:		
correspondence	Street/Locality:				State: PIN:		
	Street, Locality.		TIFICATION			FIIN.	
Signature of the candidate: Date:			AFFIX ONE PASSPORT SIZE PHOTO WITH PRINCIPAL ATTESTATION			Signature of the Principal(with	
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Amount Paid: