

**APPLICATION FOR  
RE-TOTALLING OF MARKS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

To  
The Controller of Examinations  
College of Physicians & Surgeons  
Dr. E. Borges Marg, Parel,  
Mumbai: 400012

Subject: **Application for Re-totalling of marks in Theory Examination**

Reference: **Subject:** \_\_\_\_\_ **Roll No.** \_\_\_\_\_

Sir,

I have appeared for \_\_\_\_\_ Examination  
in month/yr \_\_\_\_\_ from the College of Physicians & Surgeons of Mumbai.

I would like to request you to kindly recheck the total marks of my theory  
papers (Paper  I  II  III  IV) and do the needful.

Thanking you

Yours sincerely

**Encl: Photocopy of MarkSheet**

(Candidate's Signature)

**FOR OFFICE USE**

**Examination Section:** Verified by: \_\_\_\_\_ . To pay Rs. \_\_\_\_\_

**Accounts Section**

Received Amount of Rs. \_\_\_\_\_ on date \_\_\_\_\_

By Receipt No. \_\_\_\_\_ by Cash / DD.