

Request for Xerox copies of SA1/SA2 Answer sheets

JUBILEE HILLS PUBLIC SCHOOL

Date:

To
The Principal,
Jubilee Hills Public School,
Jubilee Hills,
HYDERABAD

Dear Madam, Sub: Request for Answer Script copies

Name of the Student:

Class and Section :

I request you to issue Xerox copies of Answer sheets of SA1/SA2 Examination for the following subjects.

- | | |
|----|----|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

I am enclosing the necessary fees for the above.

Thanking you

Yours truly

Name of the Parent : Phone Number:

Signature of the Parent:

Note: The Answer Scripts will be given within 5 working days.

For office use

Amount Paid: _____ Receipt No. _____

Date of application: _____ Date of submission to the exam department. _____

Date of issue of Xerox copies from the examination department to the accounts Department _____.

Date of issue of Xerox copies to the parent _____

Signature of the Parent _____

Note: The answer scripts can be collected between _____ p.m. to _____ p.m. on _____

Procedure to issue the Xerox of answer scripts

1. Rs.50/- will be charged for each subject answer script.
2. Request forms will be available with the Accountant.
3. On payment of the prescribed fee, receipt will be issued Request form with the receipt number and date will be sent to the examination department.
4. Examination department will get the Xerox copies of the answer scripts after consulting with the Principal/Academic Director
5. The answer scripts will be sent to the accounts department on or before 5 working days (preferably within 3 days).