

To
The Controller of Examinations
University of Kerala

Request for Distribution of Grace Marks in Sports

Name of the Candidate :

Candidate Code :

Name of the College :

Name of the Programme :

Year & Semester :

Total Eligible Grace Mark:

Mobile Number & Mail ID :

Sl. No	Course Code	Course to which Grace Marks to be added	Marks Secured [Excluding Grace Marks]	Break up of Eligible Grace Marks	Revised Total Marks

Date:

Signature of the Student