

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR REVALUATION

(Office use Only)

Appl. No.

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1.	Name of the Candidate	
2.	Register Number	
3.	Name of the Programme	
4.	Year of Study	
5.	Semester	
6.	Month and Year of Examinations	

Course for which revaluation required (*Separate application for each course*)

S. No.	Course Code	Course Name	Marks Secured			Result
			CIA	ESE	Total	

Place:

Date:

Signature of the Candidate

Remarks by the Head of the Department:



HoD

Principal

Fees Paid Details :

Fees Paid (Rs.)	Receipt Number	Receipt Date	Accounts Department (Signature with seal)

Office use

Answer Booklet No :

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Dummy No :

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Date of Exam :

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Controller of Examinations