Application for Revaluation

Date: ……………….....

I am …………………………….......interested to apply for revaluation of my answer script. Kindly do the same.

Details

Name (IN CAPITAL LATTER) : ………………………………………………………….……

Register Number : ……………………………………………….……………..

Branch /Section/Sem. : …………………………………………………………….

Sl No.	Sem	Sub Code	Name of the Subject	Obtained Grade	Name of the faculty Handled
1					
2					
3					
4					
5					
6					

Thanking You   Yours Faithfully

Applicant Signature

*(Rs.300/- each paper to be paid in Accounts Department for Revaluation)

FOR OFFICIAL USE ONLY

Name of Faculty Member nominated by HOD for Revaluation

1. :…………………………………….   4. : …………………………………….

2. : …………………………………….   5. : …………………………………….

3. : …………………………………….   6. : …………………………………….

Signature of HOD   **Deputy Controller of Exams**

Remarks: **Associate Dean**