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**

<u>REVALUATION OF ANSWER PAPERS</u>

The student has to submit a request for revaluation in the prescribed form to the Deputy Controller of Examination by taking approval from Principal within Five Working Days from date of publication of result along with prescribed revaluation fees.

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DCOE

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