

Office of the Controller of Examinations
Amrita School of Engineering, Coimbatore – 641112.
Revaluation Application Form

Date: _____

Name of the Student:

Roll No. :

Semester :

Branch :

Courses for which Revaluation is sought for:-
(Course Code & Title)

1. _____

2. _____

3. _____

4. _____

Student's Signature

Recommendation of the Chairperson

Signature of the Chairperson with seal

Note:

1. Revaluation form to be submitted within **5 working days** immediately after the publication of results to the Exam office, at Room No. **C - 208**.
2. Applicable only for theory courses.
3. To be submitted along with a DD for **Rs. 300/** per course in favor of "**AMRITA VISHWA VIDYA PEETHAM**" payable at Coimbatore.