



## OFFICE OF CONTROLLER OF EXAMINATIONS

### APPLICATION FOR REVALUATION OF ANSWER SCRIPT

Name of the candidate (In Capital Letters)		Date:	
Enrolment Number		Semester	
Programme & Branch		Roll Number	
Mobile No.		School	
		Email Id	

#### Details of Paper(s) for Revaluation

S.No	Course Code	Course Name	Grade
1			
2			
3			
4			
5			
6			

(Please use another application for more than 6 papers)

#### Declaration:

I confirm that the information provided is correct. I understand that the revaluation decision will be final and that the fee is non-refundable (**₹500 per paper**). I also accept that incomplete or incorrect applications will not be processed.

**Date :**

**Place :**

**Signature of the Applicant**

<b>Mentor/Class Coordinator</b>		
<b>Verified Course Details</b>	<b>Signature of H.O. D</b>	<b>Signature of DEAN</b>

#### Payment Details: Account Section

<b>Payment Transaction No</b>		
<b>Date of Payment</b>		<b>Signature of Account Section &amp; Seal</b>

#### FOR OFFICE USE ONLY

<b>Application Received On</b>		<b>Amount Verified</b>	
<b>Revaluation ID No</b>		<b>Remarks (if any)</b>	
<b>Verified By (Name &amp; Sign)</b>			

**Deputy Controller of Examinations**

**Controller of Examinations**