



APPLICATION FOR RE-EVALUATION

Roll No.:	Name of the Candidate (in CAPITAL LETTERS):
School/Department:	Programme:
Session/Batch:	Semester:

I request for Re-evaluation of following paper(s):

Serial No.	Semester	Course Name	Course Code	Grade and Marks before Re-evaluation
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				
7.				

Declaration:

I solemnly declare that the particulars filled by me are true to the best of my knowledge and belief. I undertake that if I fail/secure less mark in the re-evaluation of paper(s), the marks obtained by me after re-evaluation shall stand final.

Payment Details (Please attach Fee Receipt):

Mode of Payment (Please tick the option): DD ☐ NEFT/Online Transfer ☐ Cash ☐

DD/NEFT Reference No./Cash Receipt No. Date Amount (in Rs.)

Signature of the Candidate:

Date:

For use of COE office only:

Date:

Office of the Controller of Examinations

NOTE:

1. Re evaluation fee Rs. 1000/- Each Paper within 15 days.
2. The above form will be accepted in the Office of the Controller of Examinations.
3. Payment should be made at Accounts Department only and the Original Receipt should be enclosed along with the Request Form.