



OFFICE OF THE CONTROLLER OF EXAMINATION

APPLICATION FORM FOR REVALUATION - Nov / Dec 2017 Examination

1. Name of the Candidate :

2. Register Number :

3. Department :

Particulars of the subjects:

Sl. No.	Semester	Subject Code	Subject Name
1			
2			
3			
4			
5			
6			

Mobile Number:

Signature of the Candidate

Signature of the class Advisor

Date:

Signature of the HoD

Note: Submit this form along with the Fees Challan to the Class Advisor on or before 16th Feb 2018 without fail. Applications received after the due date will not be accepted