



OFFICE OF THE CONTROLLER OF EXAMINATION

APPLICATION FORM FOR REVALUATION -MARCH 2019 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			

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 13th APR 2019 without fail. Applications received after the due date will not be accepted