



APPLICATION FOR REVALUATION - APR/MAY, NOV/DEC 20

| | | | |
|----|--|---|--|
| 1. | Name of the Candidate | : | |
| 2. | Register Number | : | |
| 3. | Programme of Study | : | |
| 4. | Semester | : | |
| 5. | Mobile Number: | : | |
| 6. | Course details for which Revaluation is required : | | |

| Sl. No. | Course Code | Course Title |
|---------|-------------|--------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |

Signature of the Candidate

Signature of Tutor

Signature of the HoD

Station:

Date:

Note:

The Completed form should be handed over to the Tutor along with the payment challan.