

**Application for Re-evaluation
(Accounts Department Copy)**

Program Batch Semester

Name of Student

Examination University Enrollment No.

Mobile No. E-mail ID

SUBJECTS FOR WHICH RE-EVALUATION IS REQUESTED				
S No.	Course Code	Course Title	Marks Obtained	
			Marks (60/50)	Grade
1				
2				
3				
4				
5				
6				
7				

1. An amount of Rs _____ towards Re-evaluation Fee for _____ papers @ 900 /- per Course has been deposited vide Fee receipt no. _____ dated _____ and copy of the Fee receipt is enclosed herewith.

Date _____

Signature of the Student

Signature of the HoI/Dean

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Controller of Examinations