



Application for Revaluation

Date:

Details

Name (IN CAPITAL LETTER) :

Register Number :

Branch /Section/Sem. :

| Sl No. | Sem | Sub Code | Name of the Subject | Obtained Grade | Name of the faculty Handled |
|--------|-----|----------|---------------------|----------------|-----------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Applicant Signature

*(Rs.300/- for each course to be paid in Accounts Department for Revaluation)

FOR OFFICIAL USE ONLY

Name of Faculty Member nominated by HOD for Revaluation

1. :

4. :

2. :

5. :

3. :

6. :

Signature of HOD

Deputy Controller of Exams

Remarks:

Associate Dean