



APPLICATION FOR REEVALUATION

Name of the Student:

RRN:

Degree & Branch:

Semester Studying :

Month & Year of Examination:

Total No. of subjects applied for Reevaluation:

Fees paid - Rs:

Fee Receipt No. & Date:

Reevaluation is required for the following Courses:

No	SEMESTER	COURSE CODE	COURSE NAME	DEPARTMENT OF THE COURSE	GRADE OBTAINED
1					
2					
3					
4					
5					

Signature of the Student:

Date:

(The filled in application must be submitted to the COE office)

For Office Use only

To be filled in by the HOD

	TEACHER'S NAME	EXPERT'S NAME	Signature of the HOD
1			
2			
3			
4			
5			
CLASS COMMITTEE CHAIRMAN'S NAME			

Application for Reevaluation -December 2015 / Acknowledgement to the Student

NAME OF THE STUDENT :

CODES OF SUBJECTS APPLIED:

TOTAL FEES PAID :

DATE OF SUBMISSION OF APPLICATION:

