



## Revaluation Form

Sem. : \_\_\_\_\_ Branch : \_\_\_\_\_ Patern : CBSGS/CBCS Exam May / Nov. / 20

Name : \_\_\_\_\_

Add. For Communication : \_\_\_\_\_

Tel. No. / Mob. : \_\_\_\_\_ Email id : \_\_\_\_\_

Exam Seat No. \_\_\_\_\_ **STUDENT-ID :-**

Sr. No	Name of Subject (Write Name of the Subject in full)	Question Paper Code No.	Marks Obtained
1			
2			
3			
4			
5			
6			

Detail of Lower Semester Exam in which the Candidate is Pass.

Semester	Year of Passing	Total Marks	Remark
I			
II			
III			
IV			
V			

Attach Caste Certificate & Caste Validity if applicable.

Caste : (Concession - SC/ST/DT/NT/EBC) :

I Shall abide by the rules / regulations in respect of the revaluation. Also I know that the decision of reassessor will be final and binding on me.

Place : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of the Candidate

To be Filled by office only

Receipt No. : \_\_\_\_\_ Date : \_\_\_\_\_

Amount Deposited : \_\_\_\_\_ Sign of Accountant : \_\_\_\_\_

- 1) Form Fees Rs. 10/-
- 2) Fee Receipt of Rs. 500/- per paper (For Reserved catagory Rs. 250/- per paper) along with the application for the Redressal of grievance.
- 3) Photocopy of Statement of marks at the examination in which revaluation is sought.
- 4) Question Papers attached to this application will not be returned under any circumstances.
- 5) Caste Certificate & Validity Certificate if Applicable.