API'LICATION FOR THE REVALUATION OF EVALUATED Answer Script(s)

Name of the Candidate

(BLOCK Letters):
Father's/Mother's Name:

Candidates should carefully go through the rules printed overleaf before filling in this form.

This application has TO BE FILLED IN AND SIGNED BY THE CANDIDATE ONLY. Application submitted on the behalf of the candidate shall be summarily rejected. Incomplete application form.. in any respect. or without the challan of fee deposited also be summarily rejected.

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Course in which Enro	lled	77-7		6
Last Exam Attended	20 6 21 7			
Details of Papers which	ch Revaluation is requested:	2 6 6 7	(5)	1 AL 05
Course Code	Title of the Paper	Marks Obtained	Maximum Marks	Whether applied for Re-totaling (optional)
			2.3	13.67
% 67 TA			78/8	70.40
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agree to abide by the secured by me can result when declared this behalf. Date of Application: .	carefully read the rules regardice same. I am fully aware that as also be reduced. I undertake to by the University as a result of (Office U	surrender my orig revaluation applied Jse only)	g revaluation the inal marks and to by me, as per residuation. Signature Date:	ne original man o accept the frules lain down