RE-EVALUATION FORM

(TO BE FILLED IN CANDIDATE'S OWN HANDWRITING AND SUBMITTED ALONGWITH REQUISITE FEE AND ORIGINAL DMC IN THE OFFICE OF THE CONTROLLER OF EXAMINATIONS WITHIN 30 DAYS OF THE DECLARATION OF THE RESULT/ DESPATCH OF THE DETAILED MARKSHEET WHICHEVER IS LATER)

1. Name of Applicant.........................................................
2. Father's Name.............................................................
3. Name of Examination......................................................
4. Year & Session..............................................................
5. Semester.................................................................
6. Roll no.................................................................
7. Subject and paper (s) in which re-evaluation is applied/desired:
   Paper / Subject          Paper Code as Printed On the top of Q. Paper  Marks Obtained
   1. .................................................................................. .............................................. .............................................. ..............................................
   2. .................................................................................. .............................................. .............................................. ..............................................
   3. .................................................................................. .............................................. .............................................. ..............................................
   4. .................................................................................. .............................................. .............................................. ..............................................
   5. .................................................................................. .............................................. .............................................. ..............................................
   6. .................................................................................. .............................................. .............................................. ..............................................

8. Specimen of handwriting of applicant in the language in which the answer-book (s) has/have been written

Address (in capital letters)..........................................................
Phone No. with STD Code / Mobile No.............................................

UNDERTAKING:
I (Applicant) solemnly affirm and declare that the above facts are true to the best of my knowledge and belief and I will be responsible for any kind of discrepancy in it. Further the re-evaluation result (favourable or not) will be binding upon me and in case of any dispute the decision of the University authorities will be final.

Dated: .................................................................
(Signature of the Applicant)

LIST OF DOCUMENTS ATTACHED:
1. Original Fee Receipt Bank Draft*: Yes / No
2. Original Mark Sheet*: Yes / No

*Tick – mark the relevant: ** for office use

For office use (Secretary Deptt.)

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Amount/ Value (In Rs.)</th>
<th>University Cash Receipts no. &amp; Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Of fee @ Rs. 250/- (Per Answer book)</td>
<td></td>
<td>Bank Draft no. &amp; Date</td>
</tr>
</tbody>
</table>

Assistant Registrar