

Office of Controller of Examinations

APPLICATION FOR REVALUATION OF ANSWER SCRIPTS

Name:

Register Number:

Programme and Branch:

Month and Year of Examination:

S. No.	Semester	Course Code	Title of the Course	Signature of the Subject Expert

Amount of Fees Paid:

Receipt No. & Date:

Signature of the Student

Dean / Director / HOD

Controller of Examinations

*Enclose the Original Receipt