



EXAMINATION SECTION

RE-EVALUATION APPLICATION

H.T No:

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Candidate Name:

Examination: B.Tech./M.Tech. /MBA /MCAYear Semester - Regular/Supplementary.

Regulation:

Month & Year:

S.No	Course Code	Course Name	Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
TOTAL			

Amount paid Rs. (Rupees.....)

Date:

SIGNATURE OF THE STUDENT

For office use only

Forwarded to Controller of Examinations

CONTROLLER OF EXAMINATIONS