



Office of the Controller of Examinations
APPLICATION FOR REVALUATION

| | | |
|---|-----------------------------|--|
| 1 | Name of the Candidate | |
| 2 | Register Number | |
| 3 | Degree & Branch | |
| 4 | Month & Year of Examination | |
| 5 | Course Code & Name | |

Subject Expert Evaluation Sheet

| PART - A | | PART - B & C | | | | Total Marks | Grand Total (in words) |
|-----------------------------------|-------|--------------|------------|-------------|--------------|-------------|---------------------------|
| Question No: | Marks | Question No: | I Marks | II Marks | III Marks | | |
| 1 | | 11 | a | | | | |
| 2 | | | b | | | | |
| 3 | | 12 | a | | | | |
| 4 | | | b | | | | |
| 5 | | 13 | a | | | | |
| 6 | | | b | | | | |
| 7 | | 14 | a | | | | |
| 8 | | | b | | | | |
| 9 | | 15 | a | | | | |
| | | | b | | | | |
| 10 | | 16 | a | | | | Grand Total |
| | | | b | | | | |
| Total | | | | | | | |
| Recommended / Not Recommended | | | | | | | |
| Faculty Code & Name / Designation | | | | | | | |
| Signature of the Faculty | | | | | | | |

Signature of the Candidate

Name & Signature of the Class Advisor

Signature of the HOD

Date:
Station:

Office – Accounts

Note:

1. The class advisor submit the application of Revaluation after fees payment to the COE office on _____.
2. Revaluation cost of Rs.450/ Per script for both UG & PG