

EXAMINATION CELL
GOVT. DEGREE COLLEGE BARAMULLA
(AUTONOMOUS)

Form No. _____

APPLICATION FORM FOR RE-EVALUATION

Course _____ Examination/ Semester _____

Session _____ Exam Roll. No _____

Name of the Candidate _____

Son/Daughter of _____

Address _____

Mobile No _____ Date of Declaration of the main result _____

Papas/s or subject/s to be Re-evaluated

i. _____

Total marks already obtained in the Skill paper/s or the subjects for which Re-evaluation is sought

I _____ ii _____ iii _____

Fee paid vide College receipt No. _____ Dated _____ Amount _____

I solemnly declare that the above particular are correct and that in case of any discrepancy is found. I shall be responsible for the consequence.

Signature of the candidate

Certified that the particulars of the candidate given above have been checked and found correct. The candidate fulfils all the eligibility conditions to apply for Re-evaluation in Skill paper/s in column as per the student over the leaf.

Dated. _____

Signature of the Principal

Note: The candidate /s must read the statutes (overleaf) governing the re-evaluation of answer scripts before submitting the application form for the re-evaluation.

Office use

Serial No. _____

Received re-evaluation application form from _____ Roll No _____

Class _____ with fee Receipt No. _____ Dated. _____ Amount. _____

Signature of Receipt Clerk

