

## OFFICE OF THE CONTROLLER OF EXAMINATIONS APPLICATION FORM- PHOTOCOPY / REVALUATION - DEC 2018

NAME OF THE CA	ANDIDATE							
PRN. No:		•••••						
School of			Programme:	•••••	•••••			
Branch:	Sranch: Semester/Year:							
Regulations: 2016								
		f Answer Script : R of Answer Script: R						
Semester	Course Code	Course Name	CIA Marks Obtained	Photocopy / Revaluation	Fees (In Rs.)			
	TI I	Total Amount:	·C· 1 1C 1	1				
		e particulars are ver	ended &	be correct.				
	Forwarded	<u>Forwarded</u>						
Signature of the Candidate	Name & Signature of the Faculty Advisor with date	Signature of the Head of the Department with Date		Signature of the Dean				
I am depositing a	sum of Rupees (in wo	ords)						
•••••		•••••	towa	rds the above on	•••••			

Accounts Dept.

For	office	1150	only
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S. No	Particulars	Marks Obtained	Issued / Evaluated by	Marks After (b)
a)	Photocopy			**
<b>b</b> )	Revaluation			

Verified by

DCOE / ACOE