

APPLICATION FOR REVALUATION

1	Name of the Candidate	
2	Register Number	
3	Degree & Branch	
4	Month & Year of Examination	

Details of the Course(s) for which revaluation is required:

S.No.	Course Code	Sem	Name of the Course	Grade	Office Use Only
1					
2					
3					
4					
5					
Total Fees : 400 X =					

Signature of the Candidate

Name & Signature of
the Mentor

Name & Signature of the
Chief Mentor

Name & Signature of
the HoD

Station: Coimbatore

Date:

Note:

1. Submit the form to Chief mentor on or before ____ (date) @ ____ (time) along with Fees without fail. (Rs.400 per course).
2. Application with fees paid receipt received after ____ (time) on ____ (date) will not be accepted at CoE Office.