

EXAMINATION CELL
GOVT. DEGREE COLLEGE BARAMULLA Form No.-05
(AUTONOMOUS)

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 _____
Paper or subjects to be Re-evaluated
i. _____ ii. _____
iii. _____ iv. _____
Total marks already obtained in the paper or the subjects for which Re-evaluation
is sought
I _____ ii. _____
iii. _____ iv. _____
Fee paid vide College receipt No. _____ Dated _____ Amount _____
I solemnly declare that the above particulars 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 guidelines (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