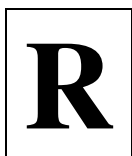


Dr. SNS RAJALAKSHMI COLLEGE OF ARTS AND SCIENCE

(AUTONOMOUS)

COIMBATORE-641 049



APPLICATION FOR RE-VALUATION

1. Name of the Candidate : _____

2. Register Number : _____

3. Degree & Branch of Study: _____

4. Subject for which RE-VALUATION is required

Course Code	Course Title	Mark Secured			Result	Semester, Month & Year of Last Appearance
		CIA	ESE	Total		

(PHOTO COPY OF THE STATEMENT OF MARKS / PRINT OUT OF THE MARKLIST OBTAINED FROM THE COLLEGE WEBSITE MUST BE ENCLOSED ALONG WITH THIS APPLICATION)

Particulars of Fees Payment

Amount Rs. _____ (Rupees _____)

Date:

Signature of the Candidate

Signature of the HOD