



Dr. K.N. Modi University, Newai (Raj.)

RE-EVALUATION FORM

Date: _____

To,
The Controller of Examination,
Dr. K.N. Modi University,
Newai (Raj.)

Sub.: APPLICATION FOR RE-EVALUATION.

Roll No.: _____ ERP ID: _____ Category: Regular Ex Student

Name of the Student: _____ Father's Name: _____

Course: _____ Brach: _____ Semester: _____

I wish to re-evaluate my following papers:

S. No.	Subject Code	Name of Subject	Grade	Examination Date
01.				
02.				
03.				
04.				
05.				
06.				
07.				
08.				

I have deposited a sum of rupeesvide receipt No..... dated.....

Student Signature

Note: Student need to attached photocopy of the fee receipt with this form.

STATEMENT AFTER RE-EVALUATION (Filled by exam cell):

S. No.	Subject Code	Name of Subject	Result before Re-evaluation	Result after Re-evaluation	Signature of Concern Faculty
01.					
02.					
03.					
04.					
05.					
06.					
07.					
08.					

Controller of Examination