APPLICATION FORM FOR RE-EVALUATION

Student Information

1. Student Name: _____
2. Father's/Mother's/Guardian's Name: _____
3. Enrollment/Registration No.: _____
4. Roll Number: _____
5. Programme/Course Name: _____
6. Level:

   ☐ Secondary (S-I) ☐ Senior Secondary (SS-I) ☐ Diploma

   ☐ Certificate ☐ Skill Development ☐ Other
7. Trade/Subject Group (if applicable): _____
8. Examination Session: _____
9. Month & Year of Examination: _____
10. Study Centre Name & Code: _____
11. Mobile Number: _____
12. E-mail (if any): _____

Particulars of Subject(s) for Re-evaluation

1. Subject Name _____
2. Subject Code _____
3. Marks Obtained _____
4. Contribution detail _____

Date: _____ / _____ / _____

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Declaration by the Candidate

I hereby apply for the re-evaluation of the above-mentioned theory paper(s). I declare that all information provided by me is true and correct.

I further understand and accept that:

1. Re-evaluation is permitted only for theory papers. Practical examinations, assignments, projects, viva-voce, internal assessments, skill tests, and continuous assessments are not eligible unless specifically permitted by the Examination Rules.
2. The prescribed re-evaluation contribution is non-refundable.
3. The marks awarded after re-evaluation may increase, decrease, or remain unchanged, and the revised marks shall be final and binding.
4. No second re-evaluation or further representation regarding the same answer script shall be entertained.
5. The result of re-evaluation shall supersede the original marks awarded for the concerned subject(s).
6. The organization reserves the right to reject incomplete, incorrect, or late applications.
7. Submission of this application does not guarantee any change in marks.
8. The decision of the Examination Department/Competent Authority shall be final and binding on the candidate.
9. I agree to abide by all examination rules, regulations, and policies of the organization.

Student's Signature

Name: _____

Signature: _____

Date: _____ / _____ / _____ Place: _____

* NOTE – Attach the copy of your result.

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FOR OFFICE USE ONLY

Application No.: _____

Date of Receipt: _____ / _____ / _____ Application Verified By: _____

Fee Verified: Yes / No

Eligible for Re-evaluation: Yes / No

Reason for Rejection (if any):

Date Forwarded to Examination Cell: __ / __ / __

Authorized Signature: _____

Name & Designation: _____

Official Seal ---

RE-EVALUATION RESULT (OFFICE USE)

Declaration: __ / __ / __Controller of Examinations(Signature & Official Seal)

Subject	Original Marks	Revised Marks	Increase/ Decrease	Result

Declaration: __ / __ / __

Controller of Examinations

_____

(Signature & Official Seal)