GRT INSTITUTE OF ENGINEERING AND TECHNOLOGY – Tiruttani -631 209

(An Autonomous Institution)

(Approved by AICTE, New Delhi, Affiliated to Anna University, Chennai, Accredited with NAAC "A^{++}" Grade, An NBA Accredited (ECE) & ISO 9001:2015 certified institution)

RV

April 20____ / Nov 20____ - End Semester Examinations (For All UG Courses)

APPLICATION FOR ANSWER SCRIPT REVALUATION

1. Fee for the Revaluation of Answer Script is Rs.400/- per answer script and shall be paid at the College Accounts office by cash.
2. Application for Revaluation of Answer Script along with the fee receipt must be submitted to the Department HOD on or before the due date as mentioned in the circular.
3. There is no provision for Revaluation of Practical / Courses.
4. Incomplete / defective application will be rejected and the fee will neither be refunded nor adjusted towards any fee due to the College.
5. No application will be accepted beyond the due date prescribed.
6. The Head of the Department should ensure while recommending the application that the Revaluation applications are generated only for answer scripts for which photocopy was obtained, the Course Code & Course Name filled in the respective columns by the candidate are verified and found correct.

1.	Name of the Student	
2.	Register Number	
3.	Degree & Branch Name	
4.	No. of Subjects applied for Photocopy	
5.	Student Contact Number	

*Subjects for which revaluation of valued answers scripts required: (Maximum 5 Subjects only)

Sl. No	Semester No.	Subject Code	Subject Name	As obtained in published Results	
				Grade	Result
1					
2					
3					
4					
5					

Date: Signature of the Candidate

For Department office use only

Class Coordinator Name:

                                                                                                        HOD

Designation:

Verified by Me: _____

                        Signature of Class Coordinator

                                                                                                        PRINCIPAL

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RECOMMENDATION FOR REVALUATION

(B.E/B.TECH/MBA)

Date:

Name of the Student :

Register Number   :

Year/Semester   :

Name of the Branch   :

Course Code/ Name   :

PART – A		PART – B			GRAND TOTAL (IN FIGURES)
Q.No	Marks	Q.No	Marks		
			(i)	(ii)	
1		11-a			
2		11-b			
3		12-a			
4		12-b			GRAND TOTAL (IN WORDS)
5		13-a			
6		13-b			
7		14-a			
8		14-b			
9		15-a			
10		15-b			
Total		PART – C			
		16-a			
		16-b			
		Total			

It is recommended that the above student deserves to get more marks than the marks awarded. Hence, the student may apply for revaluation.

Name and Signature of Staff Handled   **HOD**   **Principal**