

KONGUNADU ARTS AND SCIENCE COLLEGE
(AUTONOMOUS)
COIMBATORE-641 029

APPLICATION FOR RE-EVALUATION

(Submit separate application for each paper)

1. Name of the Candidate : _____
2. Register Number : _____
3. Degree & Branch of Study : _____
4. Subject for which **RE-EVALUATION** is required

Subject Code	Title of the Paper	Marks 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:

Clerk's signature

Signature of the Candidate

Signature of the HOD / Staff i/c
