

Approved by AICTE, New Delhi | Affiliated to Anna University, Chennai Accredited by NAAC with 'A' Grade #27, Thayanur, Tiruchirappalli - 620009

Office of the Controller of Examinations Application for Revaluation

To be filled by the Student							
Nov./Dec April/May Examinations							
Name of the Candidate							
Register N	Number						
Subject C	ode and Ti	tle					
Semester							
Degree an	d Branch						
Signature of the Candidate							
			To be fill	led by the Exa	miner		
PAR	T–A		PART-B & C				
Qn. No.	Marks	Qn.	No.	i	ii	iii	Total
1		- 11	a				
2			b				
3		12	a				
4			b				
5		13	a				
6			b				
7		14	a				
8			b				
9		- 15	a				
10			b				
		16	a				
			b				
Total							
Grand Total							
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Name of t	he Examin		I / INOL N	CCOMME	iucu ioi Kev	aiuation	
raine of t	ne examin	.01					
Signature	of the Exa	miner					

Signature of the HoD