
	<p align="center"> R P SARATHY INSTITUTE OF TECHNOLOGY (An Autonomous Institution) Poosaripatti (Po), Salem (Dt)-636305, Tamil Nadu. </p> <p align="center"> OFFICE OF THE CONTROLLER OF EXAMINATIONS </p> <p> www.rpsit.ac.in </p>	 <p align="center"> www.rpsit.ac.in </p>
	<p align="right"> coe@rpsit.ac.in </p>	

APPLICATION FOR REVALUATION

1	Name of the Candidate	
2	Register Number	
3	Degree & Branch	
4	Month & Year of Examination	

Details of the Course(s) for which revaluation is required:

S.No.	Course Code	Sem	Name of the Course	Grade
1				
2				
3				
4				
5				
Total Fees : X =				
Amount in words				

Signature of the Candidate



Recommended By

**Name & Signature of
the Class Advisor**

Name & Signature of the HoD

Approved By

Principal

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Recommendation of the Subject Expert

Name of the Candidate		Year / Semester:
Register Number		Dept.:
Course Code & Title		

Part-A		Part-B				
Q.No.	Mark	Q.No.	Mark			Total
			i	ii	iii	
1		11.a)				
2		11.b)				
3		12.a)				
4		12.b)				
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						
Grand Total (Part A+ Part B + Part C)						

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

Name & Signature of the Subject Expert