

Date:

## COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY APPLICATION FOR REVALUATION OF ANSWER BOOKS

	ame of the Candida As entered in the Ma					
	tails of Examination Name of the Exami					
	Month and year of t					
iii.	Branch					
iv.	Register Number of	the Candidate				
v. (	Centre of Examinat	ion				
vi.	Date of publication	of result				
3. Det	ails of papers to be	revalued		ı		
Sl. No.	Title of the	ne paper(s) & Subject Code (as in the Mark List)		Marks Secured	Maximum Marks	For Office use
1.						
2.						
3.						
4.						
5.						
6.						
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8.						
4.	Details of Fee ren	nittance (Attach the proof	)*			
	Details of Fee remittance (Attach the proof)*  Mode of Payment: DD/Cash Counter/Online Payment					
(i)	DD No./Receipt No/Transaction ID					
5.	Address for communication (in block letters)			code:		
	(ii) Mobile No.			i) Email		
Place:	•		, , , , , , , , , , , , , , , , , , ,	Sig	nature	:

## INSTRUCTIONS TO THE CANDIDATES

Name of the Candidate:

Application for revaluation should be submitted to the Exam Centre along with the prescribed fee of Rs. 480 /- (Rupees Four Hundred and Fifty Five Only) per paper along with Rs 140/- towards cost of application, within the time limit prescribed.