SRM UNIVERSITY, DELHI-NCR

OFFICE OF THE CONTROLLER OF EXAMINATIONS

RE-EVALUATION APPLICATION FORM

Name of Student :		
Registration No. :		
Department/Semester:		
Month & Year of Exam:		
Subject Code/ Name:	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
Fee Deposited:		

Declaration: I shall accept the re-evaluation result without reservation and fees shall not be refunded in case there is no change of result.

Student's signature

Date: **HOD Signature**

Action Taken
(For Official Use Only)

S. No	Subject Name/ Code	Previous status	Current status	Remarks