

ANNEXURE-III
PROFORMA
APPLICATION FOR REVALUATION

Enrol. No.

Name: _____

Address: _____

Programme: _____ Branch: _____

Month and Year of Examination: _____

Name of Examination Centre: _____

I request you to kindly revalue my Answer Scripts for the following Subjects and I enclose a Demand Draft for the required fees:

S.No.	Semester	Subject Code	Title of the Paper	Marks obtained

Date:

Signature

Encl: DD No. _____ Date _____ Amount _____

on _____ Bank.

To

The Controller of Examinations

Alagappa University, Karaikudi-630 003.