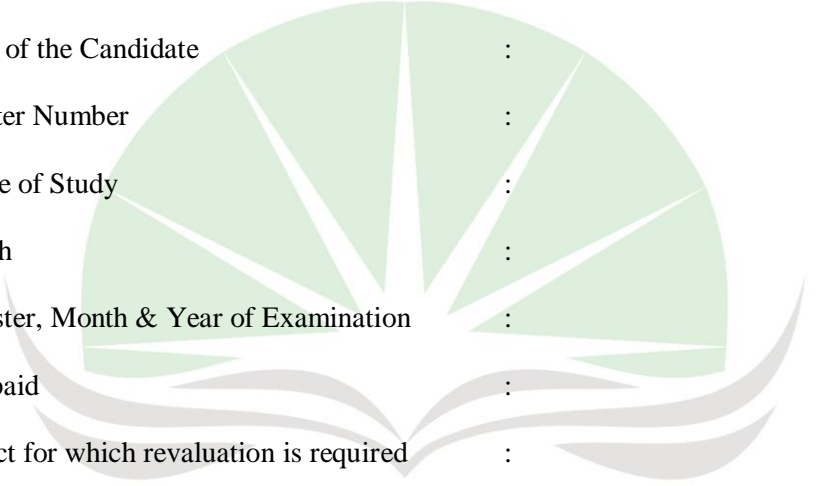


## APPLICATION FOR RE-TOTALLING OF ANSWER SCRIPT

1. Name of the Candidate :
2. Register Number :
3. Course of Study :
4. Branch :
5. Semester, Month & Year of Examination :
6. Fees paid :
7. Subject for which revaluation is required :

Subject with Subject Code	Grade Secured	Result
 KARPAGAM ACADEMY OF HIGHER EDUCATION		

\*Remarks by HOD

Station :  
Date :

Signature of the Candidate

Signature of Tutor

Signature of HOD

Signature of Dean

Seal of Examination Section

**\* Submit separate application for each paper**