

D.N.R.COLLEGE (AUTONOMOUS) – BHIMAVARAM

(Affiliated to Adikavi Nannaya University)

B.A. / B. Sc. / B.Com. / B.Voc. / B.B.A. DEGREE EXAMINATIONS – JAN / FEB - 2024

APPLICATION FOR REVALUATION OF ANSWER SCRIPTS

1. Name of the Candidate:

2. Register Number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

3. Month and year of appearance at the examinations:

4. Details of Revaluation of paper(s)

| S.No. | Subject | Paper |
|-------|---------|-------|
| | | |

5. Amount of fee paid Rs. _____ (Rupees _____)

6. Enclosures provided

(a) Marks list of the examination (Xerox Copy) Yes / No

(b) Specimen copy of hand writing Yes / No

(c) Original receipt of Bank challan Yes / No

7. Address:

8. Contact phone numbers:

1

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

 2

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

I agree to abide by the rules and regulations of D.N.R. College (Autonomous) pertaining to the revaluation of answer scripts.

Date:

Signature of the Candidate