APPLICATION FORM FOR REQUESTING REEVALUATION/RESCRUTINY

(TO BE SUBMITTED WITHIN TEN (10) DAYS FROM THE DATE OF PUBLICATION OF RESULTS)

To The Controller of Examinations, SKLTSHU, Mulugu.		
Sir/Madam,		
I request reevaluation/rescrutiny of answer scripts on the suparticulars provided below:	ubject/paper of examination as po	er the
 Name in full:	Year Semester (Course Title) End Semester T	heory
DECLARATION I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I have gone through the rules governing revaluation/rescrutiny on overleaf and I shall abide by the said rules I am surrendering herewith my ORIGINAL MARKS SHEET of the aforesaid examination		
Date:		
	(Signature of the candid	late)
	Name in Full:	
Depart	tment (for M.Sc. candidates):	
RECOMMENDATION OF THE BATCH COOL /HEAD OF THE DEPARTMEN		Forestry
I am satisfied that the above mentioned candidate's prayer for revaluation/rescrutiny is genuine and justified. Revaluation/rescrutiny of the papers is recommended.		
Date:	(Signature)	
	Name in Full:	

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INSTRUCTIONS

- 1. The candidate seeking revaluation/rescrutiny of his/her answer script(s) must apply within 10 days from the date of publication of the results. No application will be entertained after the stipulated period.
- 2. Revaluation/rescrutiny for a maximum of two (2) papers will be allowed
- 3. Fee for reevaluation is Rs. 500.00 (Rupees Five Hundred) per paper
- 4. Fee for rescrutiny is Rs.200.00 (Rupees Two Hundred) per paper
- 5. The application for revaluation/rescrutiny must be submitted through Batch Cooridnator/