

Office of the Controller of Examinations
Amrita School of Engineering, ~~Coimbatore~~ – 641112.

Revaluation Application Form

Date: _____

Name of the Student:

Roll No. :

Semester :

Branch :

Courses for which Revaluation is sought for:-
(Course Code & Title)

1. _____

2. _____

3. _____

4. _____

Student's Signature

Recommendation of the Chairperson

Signature of the Chairperson with seal

Note:

1. Revaluation form to be submitted within 5 working days immediately after the publication of results to the Exam office, at Room No. C - 208.
2. Applicable only for theory courses.
3. To be submitted along with a DD for Rs. 300/ per course in favor of "AMRITA VISHWA VIDYA PEETHAM" payable at Coimbatore.