UPES
UNIVERSITY WITH A PURPOSE

UNIVERSITY OF PETROLEUM & ENERGY STUDIES
Dehradun
APPLICATION FORM FOR RE-EVALUATION OF ANSWER SCRIPT

SAP No | 5 | 0 | 0 | 0 | | | | | Date of Submission:

Enrolment No : | R | | | | | | | | Programme : _____

Name   : _____   Semester : _____

Name of Examination : End Semester/ Supplementary _____

Date/Month/Year of examination to be re-evaluated: _____

Mobile No:_____ Emergency Contact No:_____

S. No.	Subject Code	Subject Name	Grade obtained in the Subject
1			
2			
3			
4			
5			

Re-evaluation Fee Rs. 250/- per subject
(Enclose copy of the fee-receipt & Grade card)

UNDERTAKING

I hereby state that this application for re-checking of answer script is submitted within a period of 15 days from the date of declaration of result. I also understand that re-checking imply only to ascertain, whether the marks awarded to various answers have been correctly added and the examiner has evaluated answer to all the questions written by the Examinee.

_____
Student's Signature   Date:_____

FOR OFFICE USE ONLY

Result Declared on (Date): _____

S. No.	Course Code	Subject Name	Change in Marks / Grade (Yes/No)	Deviation	Revised Mark /Grade (Yes/No)
1					
2					
3					
4					
5					

Checked by   **Verified by**   **Controller of Examination**

Date: _____