



Symbiosis University of Applied Sciences (SUAS)

APPLICATION FOR REVALUATION / RETOTALING OF MARKS

To,
The Controller of Examinations
Symbiosis University of Applied Sciences,
INDORE [MP]

Date:-

It is requested that kindly retotal / revalue my Answer book of Exam for which I have deposited the requisite fee for Rs. by Cash/DD/Cheque.

Name of Examinee:

Father's Name:

Mother's Name:

Status : Regular Ex

Enrollment No.

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Program.....Year.....

Name of School:

Details Regarding Retotaling / Revaluation:

Retotal Revalue

S. No.	Date of Examination	Paper Code	Name of Paper	Marks Obtained	Maximum Marks

The information given above is true and correct to the best of my knowledge. I am aware that wrong information given above will result in rejection of my form.

Date:

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Signature of Examinee

Forwarded
Signature and Seal of the /Head of School

