



END SEMESTER EXAMINATIONS

Revaluation Recommendation Form

Date :

Register Number												
Name of the Student												
Degree and Branch												
Course Code												
Course Title												
Semester												
											Type: I / II / III /IV	
PART - A			PART - B		PART - C			PART - D			GRAND TOTAL	
Q. No	Marks	Q. No	Marks	Q. No	Marks			Q. No	Marks			
					i	ii	Total		i	ii	Total	
A1		B1		C1				D1				GRAND TOTAL (IN WORDS)
A2		B2		C2				D2				
A3		B3		C3				D3				
A4		B4		C4				D4				
A5		B5		C5				D5				Name of the Examiner
A6		B6		C6				D6				
A7		B7		C7				D7				
A8		B8		C8				D8				
A9		B9										Signature of the Examiner with date
A10		B10										
Total		Total		Total				Total				

Recommended by:

Signature of the
Subject staff with name

HOD