Adhiyamaan College of Engineering, (Autonomous), Hosur-635130 Application for Revaluation

		-							
1. N	ame	2		:					
1. Name : 2. Register Number : 3. Degree & Branch Name : 4. Month and Year of Examination : 5. No. of papers applied for revaluation : 6. Amount of fee paid to the college : 7. Subjects for which revaluation is required : Semester Subject Code Subject Grade Awarded Externat Total									
3. D	egre	ee & Branch Nan							
4. N	4. Month and Year of Examination :								
5. No. of papers applied for revaluation :									
6. Amount of fee paid to the college :									
7. Subjects for which revaluation is required :									
		G 11 . G 1	G 1			Grade Av	varded		
emest	er	Subject Code	Sub	ject		Externat	Total		

Date:	Signature of the Candidat

Signature of the HOD Signature of the Principal



(Autonomous)

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Accredited by NAAC & NBA - UGC, New Delhi

RECOMMENDATION FOR REVALUATION (B.E/B.TECH/B.ARCH/M.E/MBA/MCA)

Name of the Student : Date:

Register Number:

Year/Semester :

Name of the Branch:

Course Code/ Name:

Revaluation

PART – A		PART – B / PART- C				GRAND
Q.No	Marks	Q.No	Marks			TOTAL(IN FIGURES)
Q.NO		Q.NO	(i)	(ii)	TOTAL	
1		11-a				
2		11-b				
3		12-a				
4		12-b				GRAND TOTAL
5		13-a				(IN WORDS)
6		13-b				
7		14-a				
8		14-b				
9		15-a				
10		15-b				
Total		Total				

It is recommended that the above student deserves to get more marks than the marks awarded. Hence, the student may apply for revaluation.

Name of the Examiner

Signature of the Examiner with date



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RECOMMENDATION FOR REVALUATION ENGINEERING GRAPHICS

Name of the Student :	Date:
itallic of the staucht.	Date.

Register Number :

Year/Semester :

Name of the Branch:

Course Code/ Name :

Revaluation

	PART –	Grand Total (IN FIGURES)	
Q.No	Marks	Total	
1-a			
1-b			
2-a			
2-b			
3-a			
3-b			GRAND TOTAL
4-a			(IN WORDS)
4-b			
5-a			
5-b			
Т	otal		

It is recommended that the above student deserves to get more marks than the marks awarded. Hence, the student may apply for revaluation.

Name of the Examiner

Signature of the Examiner with date



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RECOMMENDATION FOR REVALUATION (MBA-SPECIALIZATION)

Date:

Name of the Student:

Register Number:

Year/Sem :

Name of the Branch: Course Code/ Name:

Revaluation

GRAND TOTAL (IN FIGURES)	T-C	T – B /PAR	PAR	PART – A				
	rks	Q.No Marks		Marks	Q.No			
	(ii)	(i)	Q.NO	IVIAIRS	Q.140			
			11-a		1			
			11-b		2			
			12-a		3			
GRAND TOTAL			12-b		4			
(IN WORDS)			13-a		5			
			13-b		6			
			14-a		7			
			14-b		8			
			15		9			
					10			
			Total		Total			

It is recommended that the above student deserves to get more marks than the marks awarded. Hence, the student may apply for revaluation.

Name of the Examiner

Signature of the Examiner with date

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RECOMMENDATION FOR REVALUATION (B-ARCH- FOUR HOURS EXAM)

Date:

Name of the Student:

Register Number

Year/Trimester

Course Code/ Name:

Revaluation

				ite variatio		
PART – A		PART – B / PART- C				GRAND
Q.No	Marks	Q.No			TOTAL(IN FIGURES)	
Q.140	IVIAI KS	Q.NO	(i)	(ii)	TOTAL	
1		11-a				
2		11-b				
3		12-a				
4		12-b				GRAND TOTAL (IN WORDS)
5		13 -a				
6		13-b				
7		14-a				
8		14-b				
9						
10						
Total			Total			

It is recommended that the above student deserves to get more marks than the marks awarded. Hence, the student may apply for revaluation.

Name of the Examiner

Signature of the Examiner with date