



CENTRAL UNIVERSITY OF KASHMIR

Transit Campus: Sonwar, Srinagar – 190 004

RE-EVALUATION FORM

(Session : 20__ Semester : __ Batch : __)

PERSONAL INFORMATION

Programme Code Enrolment No.

Name

(Exactly as it appears in Qualifying Examination Certificate)

Address for Correspondence

Paste Recent Passport Size
Colored Photograph

Phone No. _____ Mobile No. _____ e-mail id _____

COURSES FOR RE-EVALUATION

S. No.	Course Code	Course Title
1.		
2.		
3.		
4.		
5.		
6.		

REASONS FOR RE-EVALUATION

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DECLARATION BY THE APPLICANT

I hereby declare that the result declared after re-evaluation shall be final and binding upon me. I undertake that I shall abide by the rules & regulations of the University.

Place :

Date :

(Signature of the Applicant)

FOR USE IN EXAMINATION SECTION

The Re-evaluation Fee of Rs _____ (in words) _____ paid vide
University Receipt No. _____ dated _____.

The above particulars have been verified and found in order. As such, the re-evaluation may kindly be accorded in favour of the applicant.

UDC(Exam)

Assistant Registrar