Sacred Heart College (Autonomous),Tirupattur Dt.- 635601

Application for Revaluation of Answer Script(s)

(₹. 500 /- Per Paper)

Month & Year of Exam : APR/NOV_____

S.N	Sub. Code	Title of the Subject	R/A
1.			
2.			
3.			
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9.			
10.			

Register No.

.....

Name of the Candidate

.....

Name of the Course

Contact Numbers

1. +91

2. +91

Total Subjects :

Total Fees ₹.

Date of Submission:

Signature of Candidate

(Office Copy) - Revaluation Catholic Syrian Bank ,Gandhipet , Tirupattur – 635 601	**(Bank Copy) - Revaluation Catholic Syrian Bank , Gandhipet , Tirupattur – 635 601**	**(Student Copy) - Revaluation Catholic Syrian Bank , Gandhipet , Tirupattur – 635 601**
Date :	Date :	Date :
Examination Fees **SB A/c No : 745-2629658-190001**	Examination Fees **SB A/c No : 745-2629658-190001**	Examination Fees **SB A/c No : 745-2629658-190001**
Register No : **Name :**	**Register No :** **Name :**	**Register No :** **Name :**
Paid into the Credit of the Sacred Heart College SB Account A Sum of ₹. _____ (Rupees_____ _____only) being the exam fees.	Paid into the Credit of the Sacred Heart College SB Account A Sum of ₹. _____ (Rupees_____ _____only) being the exam fees..	Paid into the Credit of the Sacred Heart College SB Account A Sum of ₹. _____ (Rupees_____ _____only) being the exam fees..
Cashier Branch/Asst Manager	Cashier Branch/Asst Manager	Cashier Branch/Asst Manager