# VIT
## BHOPAL
www.vitbhopal.ac.in

**Office of the Controller of Examinations**

**Application Form for Rechecking and Revaluation of Answer Scripts, Dec./Jan./May/June, 20__**

(To be filled by the Students)

Date: …………………

| Examination (Put √ Mark) | FALL ☐ | WINTER ☐ | SUMMER ☐ | ARREAR ☐ | OTHERS ☐ |
|---|---|---|---|---|---|
| Month & Year of Examinations | | | | | |
| Registration No | | | | | |
| Name | | | | | |
| Slot | | Class No | | Course Code | |

## Administrative Errors

The following administrative errors need to be corrected. I do not need revaluation.

Signature of the Student

| S No. | Type of Administrative Error | CoE Office |
|---|---|---|
| 1 | Total Error | Yes / No |
| | If Yes, Existing Total | |
| | Correct Total | |
| 2 | Answer is evaluated but not included in the first page in the Q. No. | |
| 3 | Total Marks in the answer scripts was wrongly entered in ERP/Foil Card/Excel Sheet | |
| 4 | Others (If any) | |

(PTO for Revaluation)

# Fill up this page only if you need revaluation of Answer Script

I wish to apply for revaluation for the following questions.

(Students should fill up Column 1 (Question No.) and Column 2 (Justification) for revaluation)

Signature of the Student

| Question No. | Students' justification for Revaluation of the answer (Please be as detailed and specific as possible. A generic reason like "Less Marks" will not be accepted) | Faculty Response (If specific reason is not given by the students, the question need not be evaluated) |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Employee ID:

Signature of the Faculty