

**ANNEXURE-V**  
**PROFORMA**  
**APPLICATION FOR REVALUATION**

Enrol. No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Programme: \_\_\_\_\_ Branch: \_\_\_\_\_

Month and Year of Examination: \_\_\_\_\_

Name of Examination Centre: \_\_\_\_\_

I request you to kindly revalue my Answer Scripts for the following Subjects and I enclose a Demand Draft for the required fees:

S.No.	Semester	Subject Code	Title of the Paper	Marks obtained

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Encl: DD No. \_\_\_\_\_ Date \_\_\_\_\_ Amount \_\_\_\_\_

on \_\_\_\_\_ Bank.

To

The Controller of Examinations

Alagappa University, Karaikudi-630 003.