



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा

Uttar Pradesh University of Medical Sciences,

Saifai, Etawah- 206130 (www.upums.ac.in)

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**APPLICATION FOR RE-EVALUATION**

(समस्त विवरण अंग्रेजी के कैपिटल लेटर्स में लिखा जाये)

Name			
Fathers Name			
Roll No.			
Enrollment No.			
Examination	(Month.....Year.....)		
Course			
Mobile No.			
Email ID			
<b>Details of paper in which candidate wants to do Re-Evaluation (mention clearly):</b>			
S No	Subject	Paper	Paper Code
01			
02			
03			
04			
05			

**Note:**

1. Re- evaluation means the two independent examiners other than first examiner will evaluate the answer sheets.
2. Students should attach photocopy of mark sheet / Result photo copy.
3. Fee receipt of Rs. 3000/- (Three Hurdered Only).

Signature of Candidate

Signature of HOD

Signature of Dean (Faculty of.....)

**Account Section**

A sum of Rs..... (Amount in words.....), received from  
.....course.....year..... for the Re- evaluation.

Signature of Accountant/ Account Officer

**Examination Office**

Re-evaluation form received from.....course.....year on  
dated:.....

Signature of office personnel