

AL JAMIA AL ISLAMIYA, SANTHAPURAM PATTIKKAD (PO), MALAPPURAM, 679325, KERALA-INDIA

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APPLICATION FOR REVALUATION / RETOTALING OF ANSWER SCRIPTS

REVALUATION
RETOTALING

*Every co	lumn to be ca	arefully filled in by the candidate			
1	Name of the	e Examination			
2	Month and Year				
3	Name Of T	he Candidate(In Block Letters)			
4	Admission Number				
5	Course and Semester / Term				
6	6 Class and Division				
7	Hall Ticket Number				
8	Address for Communication				
9	Mobile Number				
10	Subject(S) i	For Revaluation / Retotaling is / are F	Required		
<u> </u>					
	No Name of Subject	Marks Obtained			
	INO	Name of Subject	IE	TE	TOTAL
	1				

No	Name of Subject	Marks Obtained		
No	Name of Subject	IE	TE	TOTAL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

11	Total Amount Paid (Rs 100/ each paper)	
12	Receipt Number	
13	Receipt Date	

PΙ	ace
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Date:

Encl: Hall Ticket / Admit Card Signature of Candidate