CENTRAL UNIVERSITY OF RAJASTHAN, BANDARSINDRI-305817
(Established Under the Central Universities Act, 2009)
APPLICATION FOR RE-EVALUATION
(Ref. Revised Clause 19.3 of the Ordinance 03)

1. Name of Candidate: _____

2. Enrollment No: _____ Year of Admission _____ Semester _____

3. Date of Declaration of result: _____ (Attach Semester Result)

4. Address: _____

5. Contact Number: _____ Email id: _____

6. Particulars of payment : Rs. 500/- per theory course

   Transaction Number/Receipt No. _____

   Date of Issue _____

   Details of courses for which Re-evaluation is being applied for:

   (Maximum of two theory courses in a semester)

S.No.	Course Code	Course Title	Grade Secured

I hereby admit that I have read the rules of Re-evaluation and agree to accept and abide by the revised result which would be declared by CURAJ in response to my application.

Date:------------------

<div align="right">Signature of Candidate</div>

<u>Recommendations of the HoD while forwarding the application:</u>
1. The result of the above subject was announced on _____
2. The student's application is received within the time limit of ten days as prescribed in the revised clause 19.3 (a) of the Ordinance 03.

<div align="right">Signature of HoD/Coordinator
with Official Seal</div>