UNIVERSITY OF CALICUT

APPLICATION FOR RE-VALUATION/SCRUTINY OF ANSWER PAPERS (SPECIMEN)

| 1. Name and address of applicant | : |
|---|--|
| 2. Center of examination | : |
| 3. Name, Year and details of Examination | : |
| 4. Register No. of Candidate | : |
| 5. Register No. of the Revalued | : |
| 1. Examination | : |
| II. Part | : |
| III. No. of Papers | : |
| 2 | |
| 3 | |
| 6. Details of fees remitted | : |
| a) Chalan No | : |
| b) Date | : |
| c) Name of Treasury | : |
| d) Amount | : |
| | |
| Place Date | Signature of Applicant |
| | Signature of Appreciate |
| APPLICATION | FOR LEAVE (SPECIMEN) |
| No. | : |
| Adm. No | : |
| Name in Block Letters | : |
| Class & Group | : |
| No. of days and dates of leave required | : |
| Reason for taking leave | : |
| (State whether medicals certificate or any other document attached) | |
| | Signature of Parent/ Warden Recommendation of Group Tutor |

Place:
Date:
Signature