

# CLUSTER UNIVERSITY OF JAMMU

APPLICATION FORM FOR RE-EVALUATION OF ANSWER BOOK OF SEMESTER \_\_\_\_\_

BBA/B.Com/B.A/B.Sc COURSE \_\_\_\_\_ Examinations

NOTE: BEFORE FILLING THIS FORM PLEASE GO THROUGH THE SALIENT FEATURES OF THE STATUTES GOVERNING RE-EVALUATION VERY CAREFULLY.

- Name of the applicant.....Son/Daughter.....  
(IN Block Letters) Sex : Male/Female/ other \_\_\_\_\_
- Roll No..... (Semester.....) Registration No.....
- Address for Correspondence.....  
.....Email/Phone No/Mobile No.. ..
- Name of the Examinations.....
- Result (Fail/Re-appear/pass).....
- Particular Subjects/s Papers/s Option in which Re-evaluation of answer book/s is desired (fill it carefully) giving name/s of paper/s option/s.

Subject	Paper	Marks in Theory
I		
II		
III		
IV		
V		

- Reason in brief for seeking re-evaluations.....
- Detail of fee deposited: Amount of Rs.....deposited vide Bank Draft No.....  
Dated.....payable in favour of Registrar, Cluster University of Jammu.

### DECLARATION

I .....Son/Daughter of .....  
hereby declare that I have read the Statutes governing Re-evaluation of answer books and salient feature.

Dated.....

Signature of the Applicant

### CERTIFICATE

Certified that the Candidate has affixed his/her signatures in my presence.

Dated.....

(Signature of the Principal/Head of The Department/  
Gazetted Officer with the Official Stamp)

Note: (i) Candidate should attach following documents with the Re-evaluation form.

- PHOTOCOPY OF CONCERNED MARKS CERTIFICATE
- Incomplete form will not be accepted.

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### To be filled by the Candidates

S.No.....

Name of the Candidate.....S/o, D/o.....

Class..... Roll No..... Session..... DD No.....

(The Candidate must have insist to take back the receipt on depositing the form)

Signature of the Receipt Clerk

Re-evaluation fee Rs. 670/- per answer script, late fee Rs. 370/- per answer script after due date