## Name of the last o

## SHREE VENKATESHWARA HI-TECH ENGINEERING COLLEGE

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## OFFICE OF THE CONTROLLER OF EXAMINATIONS

## APPLICATION FORM FOR APPEAL -REVAUATION

Date:

1.	Register Number					
2.	Name of the Stude	nt				
3.	Degree, Branch					
4	Semester					
5	Month & Year of l	Examinations				
<u>]</u>	Details of course ap	plied for Appea	al Revaluation			
Sen	1. Course Code		Course Title	Grade Awarded	Result (Pass / RA)	
	e: The fee for Appea deviation of marks		on is Rs.5000.00/Course -Re	efundable*		
Signature of the Student			Class Advisor	Signature of	Signature of the HoD	
				Signature of th	Signature of the Principal	

For COE Office use