



Office of the Controller of Examinations

END SEMESTER EXAMINATION EVEN SEM – APRIL / MAY - 2026

Date:

APPLICATION FOR REVIEW AFTER RE-VALUATION

NAME OF THE CANDIDATE	
REGISTER NUMBER	
PROGRAMME	
YEAR / BATCH	
MOBILE NUMBER	

REVIEW AFTER RE-VALUATION REQUESTED FOR THE FOLLOWING COURSES

SL. NO.	SEMESTER	COURSE CODE	COURSE TITLE
TOTAL NUMBER OF SCRIPTS			

PAYMENT DETAILS

ONLINE PAYMENT DETAILS (Rs:3000/-per Scripts for UG / PG)	No. of Subject(s) _____ X 3000 =Rs _____/- In words: [_____]
ONLINE PAYMENT TRANSACTION ID WITH DATE	(Enclose the Proof Transaction Details with Date and Time)

SIGNATURE OF THE STUDENT

HOD

COE

College Bank Account Details for Online Payment:

BANK NAME	CANARA BANK
BRANCH NAME	AVINASHI ROAD, COIMBATORE
ACCOUNT NAME	THE CHIEF SUPERINTENDENT
IFSC CODE	CNRB0016121
ACCOUNT NUMBER	61212010015888

Office Use only

Payment Received	Yes / No	Remarks:
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Verified By

Approved By