

## FRANCIS XAVIER ENGINEERING COLLEGE

**An Autonomous Institution** 

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## Office of the Controller of Examinations

## PROFORMA - RIII REVALUATION REGISTRATION FORM

| CANE<br>DEPA<br>REGU                            | STER NO DIDATE RTMENULATIONS & SEM | NT :<br>N :              |             |                   |                                  | Examinations: NO  | V/ APR  |               | Ε:                                   |  |
|---|------------------------------------|--------------------------|-------------|-------------------|----------------------------------|---|---|---------------|--------------------------------------|--|
| Sl. No  | Sem                                | Course<br>Code           | Course Name | Marks<br>Obtained | Recommended<br>Marks             | Reason for Recommendation 1. Total Mistake, 2. Unevaluated, 3. Under Evaluation | Reevaluation<br>Recommendation<br>(Mention the<br>Q.No's) | Amount in Rs. | Recommended<br>Faculty<br>Name &Sign |  |
| 1.  |                                    |                          |             |                   |                                  |   |   |               |                                      |  |
| 2.  |                                    |                          |             |                   |                                  |   |   |               |                                      |  |
| 3.  |                                    |                          |             |                   |                                  |   |   |               |                                      |  |
| 4.  |                                    |                          |             |                   |                                  |   |   |               |                                      |  |
| 5.  |                                    |                          |             |                   |                                  |   |   |               |                                      |  |
|   |                                    |                          |             |                   |                                  | Total   |   |               |                                      |  |
| Rema  | rks and l                          | Recommendation           | by HoD      |                   |                                  |   |   |               |                                      |  |
|   | STUDENT SIGNATURE MENTOR SIGNATURE |                          |             |                   |                                  |   | HOD SIGNATURE   |               |                                      |  |
|   |                                    |                          |             |                   | Office Use                       | Only  |   |               |                                      |  |
| Amount Details in Rs.:                          |                                    |                          |             | Cashier Sign      |                                  |   |   | Signat        | ure of CoE                           |  |
|   |                                    |                          | <u>AC</u> 1 | KNOWLEDG          | MENT OF REVA (To be filled by th | LUATION REGISTRATION e Candidate)   | Date:   |               |                                      |  |
| Cand<br>Depar                                   | ter Nun<br>idate Na<br>rtment      |                          |             |                   |                                  |   |   |               |                                      |  |
| Regulation<br>Year & Sem<br>Amount Details in R |                                    | :<br>:<br>tails in Rs. : | Exam: NOV   |                   | Cashier Sign                     |   |   |               |                                      |  |