



**CENTRAL UNIVERSITY OF RAJASTHAN, BANDARSINDRI-305817**

(Established Under the Central Universities Act, 2009)

**APPLICATION FOR RE-EVALUATION**

**(Ref. Clause 19.3 of the revised Ordinance 03)**

1. Name of Candidate: \_\_\_\_\_
2. Enrollment No: \_\_\_\_\_ Year of Admission \_\_\_\_\_ Semester \_\_\_\_\_
3. Date of Declaration of result by the department: \_\_\_\_\_ (Attach Semester Result)
4. Address: \_\_\_\_\_
5. Contact Number: \_\_\_\_\_ Email id: \_\_\_\_\_
6. Particulars of payment : Rs. 200/- per course

Transaction Number/Receipt No. \_\_\_\_\_

Date of Issue \_\_\_\_\_

Details of courses for which Re-evaluation is being applied for:

**(Maximum of three theory courses in a semester)**

S.No.	Course Code	Course Title	Grade Secured

I hereby admit that I have read the rules of Re-evaluation and agree to accept and abide by the revised result which would be declared by CURAJ in response to my application.

Date:-----

Signature of Candidate

**Recommendations of the HoD while forwarding the application:**

1. The result of the above subject was announced on \_\_\_\_\_
2. The student's application is received within the time limit of seven working days as prescribed in the clause 19.3 (a) of the Ordinance 03.

Signature of HoD/Coordinator  
with Official Seal