



# THE UNIVERSITY OF KASHMIR

Hazratbal, Srinagar

Form No.: 55943

## APPLICATION FORM FOR RE-EVALUATION

1. Course \_\_\_\_\_ Examination/semester \_\_\_\_\_
2. Session \_\_\_\_\_ Roll No \_\_\_\_\_
3. Name of the candidate \_\_\_\_\_
4. Son/Daughter of \_\_\_\_\_
5. Address \_\_\_\_\_
6. Telephone No \_\_\_\_\_ Mobile No \_\_\_\_\_
7. Date of Declaration of the main result \_\_\_\_\_
8. Papaser/s or subject/s to be Re-evaluated
  - i) \_\_\_\_\_ ii) \_\_\_\_\_
  - iii) \_\_\_\_\_ iv) \_\_\_\_\_
9. Total marks already obtained in the paper/s or the subjects for which Re-evaluation is sought
  - i) \_\_\_\_\_ ii) \_\_\_\_\_
  - iii) \_\_\_\_\_ iv) \_\_\_\_\_
10. Fee paid vide university receipt No \_\_\_\_\_  
Dated \_\_\_\_\_ Amount \_\_\_\_\_

I solemnly declare that the above particulars are correct and that in case of any discrepancy is found, I shall be responsible for the consequence.

**Signature of the Candidate**

Certified that the particulars of the candidate given above have been checked and found correct. The candidate fulfils all the eligibility conditions to apply for Re-evaluation in paper/s shown in column as per the student over the leaf.

Dated \_\_\_\_\_

**Signature of the Principal/Head of Dept./Gazette Officer  
(Director CDE in case of Distance mode candidate)**

**Note: The candidate/s must read the statutes (overleaf) governing the re-evaluation of answer scripts before submitting the application form for the re-evaluation.**

### **UNIVERSITY OF KASHMIR, SRINAGAR**

Serial No. \_\_\_\_\_

Received \_\_\_\_\_ re-evaluation \_\_\_\_\_ application \_\_\_\_\_ form \_\_\_\_\_ from \_\_\_\_\_  
 \_\_\_\_\_ Roll No \_\_\_\_\_ Class \_\_\_\_\_  
 \_\_\_\_\_ With fee Receipt No \_\_\_\_\_  
 \_\_\_\_\_ Dated \_\_\_\_\_ Amount \_\_\_\_\_

Dated \_\_\_\_\_

**Signature of Receipt Clerk**

Additional ` 5/- to be deposited with the form fee as cost of application form



# THE UNIVERSITY OF KASHMIR

## Hazratbal, Srinagar

### STATUTES

- (i) Application for re-evaluation on the prescribed form along with the fee should reach the controller of the examination within 15 days from the date of declaration of the result of the candidate/s. No application shall be entertained after the due date.
- (ii) The candidate/s are allowed to apply for re-evaluation in either of the paper/s i.e A or B Of the subject/s or both together .in case of chemistry subject in Bsc. Examination ,re-evaluation s allowed either in paper I,II,III or in three paper/s taken together.
- iii) Re-evaluation shall be permissible upto the maximum of 50% of the courses/ subjects prescribed for a particular programme/ course provided the candidate is failing in a course/ s or a subject/s by 10 % or less. In case of the odd number of courses in a programme/course 0.5 shall be treated as one course/ subject for re-evaluation.  
  
Provided further that a candidate who has already passed the examination shall also be allowed to apply for in re-evaluation in course/ subject/s if he/she desires so.
- iv. The candidate applying for re-evaluation in the subjects having already passed but fails to secure a pass in re-evaluation is declared to his results/marks.
- v) A candidate having applied for re-evaluation in falling subjects but does not secure a pass DzNo changedz is effected to his results/marks.
- vi) The candidate will be awarded average of the marks awarded to him by the first examiner and the second examiner in the paper/s or subject/s applied for re-evaluation.
- vii) Subject to the revision from time to time, the fee for re-evaluation shall be Rs.500/-per subjects/paper.
- viii) Where the result of the candidate improves by 15% or more marks after re-evaluation. The 50% fee will be refunded to the candidate by the University, on submission of the prescribed application form for refund of fee by the candidate.

Additional ` 5/- to be deposited with the form fee as cost of application form



The Jammu and Kashmir Bank Limited  
**BANK COPY**



PAY IN SLIP FOR University of Kashmir

Dated: 9/21/2017	MREL No : 17 - 55943
Name :	Parentage:
Address:	Contact No:
Account No: 0007040500001004	Purpose: Examination Re-Evaluation
Amount :	
Sign. of Depositer	Bank Seal & Signature



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