



Office of the Controller of Examinations & Admissions
UNIVERSITY OF SCIENCE & TECHNOLOGY MEGHALAYA
 (Techno City, 9th Mile, Kiling Road, Baridua, Ri-Bhoi, Meghalaya (India)-793101)

RE-EVALUATION APPLICATION FORM

- 1. Name of the Programme :
- 2. Name of the Department :
- 3. Month & Year of Exam :
- 4. Semester of Examination :
- 5. Examination ID :
- 6. Roll No. :
- 7. Name in Full (in block letter) :
- 8. Mobile No. :

9. Details of the Course applied for Re-Evaluation :

Sl. No.	Course Code	Course Title	Marks Secured in Last Exam.	Date of Examination

10. Self attested photo copy of grade sheet for which re-evaluation seeking to be enclosed.

Forwarded by HOD/ Dean

Full Sign. of the Applicant

Signature

Date:

HOD/Dean

For Office Use

Fees Paid Rs.....(Rupees.....only)

Vide Receipt No:.....Date:.....

Accounts Officer

Approved / Not Approved

CoEA/DCoEA, USTM

NB. An amount of Rs. 1000/- to be paid per paper by the applicant in account section of the university.