

KONKAN GYANPEETH COLLEGE OF ENGG.,KARJAT.
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Revaluation Form (OLD/REV)

Sem : _____ Branch : _____ Exam Nov 2011.

Name : _____

Address for Communication : _____

Exam Seat No : _____ Tel No/ Mobile:

Cast : _____

Sr.	Name of the Subject (Write Name of the Subject in full)	Question Paper Code No.	Marks Obtained
1			
2			
3			
4			
5			
6			

(Submit the application form with Xerox copies of all Lower Sem Marksheets .)

I shall abide by the rules / regulations in respect of the revaluation. Also I know that the decision of reassessor will be final and binding on me.

Place : _____

Date : _____

Signature of the Candidate

To be Filled by office Only-

Receipt No: _____ Date : _____

Amount Deposited : _____ Sign of Accountant : _____