OSMANIA UNIVERSITY

HYDERABAD - 500 007. (A.P.)

APPLICATION FOR REVALUATION OF ANSWER SCRIPTS

1. Name in full				
2. Father's Name				
3. Address for correspondence				
4. Details of Examination	Examination appeared	Roll No.	Year with month (March/September)	Centre
5. Paper(s) in which revaluation is desired	 2. 3. 4. 5. 			
	6.			
Number and date of issue of Memorandum				
7. Date of publication of results				
Amount paid vide Demand Draft	Amount		D.D.No. and Date	

I Shall abide by all the consequences accruing on account of revision of the result and delay any and will not hold the University responsible for the same.

Signature of the Applicant

IDENTIFICATION CERTIFICATE
(To be signed by the Principal of the college where the candidate has last studied)

	This is to certify that Mr	./ Mrs./Miss		
son / da	ughter of		is the same candidate who	
has passed / completed the			xamination of Osmania University	
held in A	April / September under R.	No in	Division /	
Compart	mentally.			
	This candidate has signe ation marks.	d this certificate in my	presence and bears the following	
(
(
Signatur	e of candidate			
Date :			Signature of the Principal (with seal)	
		Rules of Revaluation		
1.	This application will b	e accepted upto 2 weeks from	om the date of publication of results.	
2.	No action will be tak Memorandum of Mark	•	nied with a photo stat copy of the	
3.	through D.D. drawn i	_	uation notification and shall be paid, ar, Osmania University, Exam Fees refundable.	
4.	know the results from	the Examination Branch di anged due to revaluation v	didate by post. However, they may rectly. The memos of the candidates vill be sent to the College Principal.	
5.	of the maximum mark	•	If the revalued marks is 10% or more and marks shall be taken as final and eclared accordingly.	
		For Office use only		
Paper – v	wise result:			
Over all	Result:			
		Result of Revaluation		
Clerk, In	charge	Superintendent	Controller of Examinations	