

IC/QSD/F44



# INDIAN COMPUTER EDUCATION SOCIETY

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## APPLICATION FOR REVALUATION

NAME OF STUDENT	
ROLL NO.	
NAME OF INSTITUTION	
CHAPTER	
POSTAL ADDRESS OF STUDENT	
NAME OF MODULE FOR WHICH REVLUATION IS REQUIRED	
CENTRE OF EXAMINATION	
DATE OF EXAMINATION	
REASON FOR REVALUATION	

PAYMENT DETAILS :      AMOUNT RS.....

DD NO.....      DATE.....      BANK.....

PLACE :

DATE:.....      SIGNATURE OF STUDENT

**FOR OFFICE USE ONLY**

APPLICATION FOR REVALUATION ACCEPTED / REJECTED.

DATE:.....      CONTROLLER OF EXAMINATION