



VINAYAKA MISSIONS UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION
SALEM, TAMILNADU

APPLICATION FOR REVALUATION/RETOTALLING

To

The Assistant Controller of Examination
Directorate of Distance Education
Vinayaka Missions University
Salem, Tamilnadu.

Sub.: Application for re-valuation.

Sir,

I am submitting my application for revaluation/retotalling as per details given below:-

1. Month & Year of examination _____
2. Name of the Program _____
3. Name of the examination _____
4. Revaluation is requested in the following papers _____

S.No	Name of the Paper	Paper Code	Year	Roll No.	Marks Obtained
1.					
2.					
3.					
4.					
5.					

5. Important Instructions:

1. A candidate may apply to the Asst. Controller of examination in the prescribed form within 10 days from the date of publication of the results
2. No revaluation/retotalling shall be allowed in case of projects, dissertation, internal assessments, particulars and the like.

3. The fee for revaluation shall be paid as per the University rules. Fee will not be refunded whether mark increase, decrease or do not change. Fee for revaluation is Rs. 500/- per paper.
4. Application received late or without fees or with less fees will be rejected, and will neither be refunded nor be adjusted. It will be forfeited.
5. No guarantee or assurance can be given that the Revaluation results will be declared before the last date fixed for submission of filled up exam forms for ensuing exam.
6. The procedure for revaluation/retotalling may consume much time. Hence the declaration of revaluation result must not be awaited for filling exam forms of ensuing examination. The date of declaration of result of revaluation/retotalling shall have no effect on the schedule of filling up exam form for the ensuing examination.
7. Exam form filling by students should not be delayed while waiting for the result of revaluation/retotalling. The students will have to pay late fee in case they do not fill the exam application on time.

DECLARATION

I have carefully read the instruction (1 to 7) given above and understand the consequences.
I shall abide by them.

Signature of the Study Centre Coordinator
Study Centre Code with Seal

**Divine Educational Trust
KL 063**

Signature of the Student

Name: _____
Reg No: _____
Enrolment No: _____

Details of Remittances:

DD.No	:	_____
Amount	:	_____
Bank	:	_____
Date	:	_____