

**APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF HIGHER
SECONDARY FIRST YEAR EQUIVALENCY EXAMINATION OCTOBER 2017**

Name of Examination

DETAILS OF FEE REMITTED

<i>No. & Date of DD</i>	<i>Bank Branch Name</i>	<i>Amount remitted for the candidate</i>	<i>Total DD Amount</i>

1. Name of candidate [in block letters] :
2. Reg. No. :
- [a] Name & Centre Number of School/Centre at which candidate took the Examination :
- [b] Revenue District :

3. **Subject[s] and paper[s] for which revaluation is required**

Sl. No.	Part	Name of paper[s]	Score

4. Whether copy of the Mark list is enclosed : Yes / No
5. Whether applied for scrutiny also [separate application to be given] : Yes / No
6. Address of the candidate to which Communications are to be sent [in block letters] _____

 PIN Code _____
 Phone No: _____

Place :

Date :

SIGNATURE OF THE CANDIDATE

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 Fee for Revaluation of Answer Script:Rs.600/- per subject

Applications should be submitted to the Chief Superintendent of the registration centre before the last date stipulated.

**APPLICATION FOR SCRUTINY OF VALUED ANSWER SCRIPTS OF HIGHER
SECONDARY FIRST YEAR EQUIVALENCY EXAMINATION OCTOBER 2017**

Name of Examination

DETAILS OF FEE REMITTED

<i>No. & Date of DD</i>	<i>Bank Branch Name</i>	<i>Amount remitted for the candidate</i>	<i>Total DD Amount</i>

1. Name of candidate [in block letters] :
2. Reg. No. :
- [a] Name & Centre Number of School/Centre at which candidate took the Examination :
- [b] Revenue District :

3. **Subject[s] and paper[s] for which scrutiny is required**

Sl. No.	Part	Name of paper[s]	Score

4. Whether copy of the Mark list is enclosed : Yes / No
5. Whether applied for revaluation also [separate application to be given] : Yes No
6. Address of the candidate to which communications are to be sent [in block letters] _____

 PIN Code _____
 Phone No: _____

Place :

Date :

SIGNATURE OF THE CANDIDATE

Fee for Scrutiny of Answer Script:Rs.200/- per subject.

Applications should be submitted to the Chief Superintendent of the registration centre before the last date stipulated.

**APPLICATION FOR PHOTOCOPY OF ANSWER SCRIPTS OF HIGHER
SECONDARY FIRST YEAR EQUIVALENCY EXAMINATION OCTOBER 2017**

Name of Examination

DETAILS OF FEE REMITTED

<i>No. & Date of DD</i>	<i>Bank Branch Name</i>	<i>Amount remitted for the candidate</i>	<i>Total DD Amount</i>

1. Name of candidate [in block letters] :
2. Reg. No. :
- [a] Name & Centre Number of School/Centre at which candidate took the Examination :
- [b] Revenue District :

3. Subject[s] and paper[s] for which photocopy of answer scripts is required

Sl. No.	Part	Name of paper[s]	Score

4. Address of the candidate to which communications are to be sent [in block letters]

PIN Code _____
 Phone No: _____

Place :
Date : SIGNATURE OF THE CANDIDATE

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Fee for Photocopying of Answer Script:Rs.400/- per subject.

Applications should be submitted to the Chief Superintendent of the registration centre before the last date stipulated.