



DR. B. R. AMBEDKAR NATIONAL LAW UNIVERSITY, SONEPAT
(Established by the Haryana State Legislature Act No.15 of 2012)

Case No.....
(for office use)

APPLICATION FOR RE-EVALUATION OF ANSWER-BOOKS

(Particulars should be filled in by the candidate in his/her own handwriting. Before filling up the re-evaluation form, instructions printed on the backside should be read carefully)

- Name of Candidate (in Block Letters).....
- Year & Month of Examination.....Semester.....
- Name of Examination.....Result.....
- Roll No. (In Figures)..... (In Words).....

Particulars of paper(s) in which re-evaluation is required				Detail of Fee remitted	
Sr. No.	Paper Code	Title of paper	Marks obtained	Amount Rs.....	Online transaction Id/Uni. receipt No./ Bank scroll No..... Dated.....
1.		
2.		
3.		
4.		
5.		
6.		

(See instruction No.2 on backside)

(Fee receipt to be attached with application form)

I solemnly declare that:-

- I have carefully read all the relevant rules/instructions etc. of the University for re-evaluation and I undertake to abide by the same in all respects.
- The result of re-evaluation as and when declared by the University shall be binding upon me even if it affects my results adversely.
- I shall have no right to claim additional chance to appear in an examination in lieu of any chance, which I may lose during re-evaluation process.
- The University shall not be liable to pay any compensation/damages what so ever on account of delay in the declaration of re-evaluation result of answer-book(s) and/or if any mistake is found during the process of re-evaluation.

Specimen Handwriting: In Hindi.....
In English.....

Postal Address of the Candidate (In Capital Letters)
(As written on the envelope enclosed)

.....
.....

(Signature of Candidate)

.....Pin.....

Dated.....

Email ID.....

Mob. No.....

Documents to be attached: **(1) Original Detailed Marks Card/Certificate or Provisional Result cum detail Marks available on University Website**
(2) Fee Receipt

(For use in the Re-evaluation Branch)

- | | |
|---|---|
| 1. Date of Receipt of Form..... | 6(i) Date of declaration of result..... |
| | (ii) Date of dispatch of DMC..... |
| 2. Receipt/Diary No..... | 7. Eligible: Yes/No..... |
| 3. Amount of Fee Paid..... | 8. Reasons if not eligible..... |
| 4. Whether Original D.M.C attached..... | |
| 5. Initials of Diarist..... | |

Clerk

Assistant

Controller of Examinations

(Entries below to be filled in by the Result Branch concerned)

Original Roll No.....
Subject Paper Code No. Marks Obtained Identity No. of Examiner

(1)