



CONTROLLER OF EXAMINATIONS
Sadakathullah Appa College (Autonomous)
Rahmath Nagar, Tirunelveli – 627011.
APRIL / NOVEMBER _____ (Year)

REVALUATION /RETOTALING/ TRANSPARENCY

Name	Class	Department	Register Number	Phone No.

Sir

May I request you to kindly arrange for the Revaluation/Transparency of my Scripts as follows.

S.No.	Semester	Sub.Code	Subject Tittle	Revaluation/ Retotaling/ Transparency	Fees Paid
1					
2					
3					
4					
5					
Total					

Date

Signature of the Candidate