

KONKAN GYANPEETH COLLEGE OF ENGG.,KARJAT.
Vengaon Road,Dahivali, Karjat-Raigad – 410 201.Maharashtra , India.
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Revaluation Form (OLD)

Sem : _____ Branch : _____ Exam Nov. 2016.

Name : _____

Address for Communication : _____

Exam Seat No : _____ Tel No/ Mobile: _____

Sr.	Name of the Subject (Write Name of the Subject in full)	Question Paper Code No.	Marks Obtained
1			
2			
3			
4			
5			
6			

Detail of Lower Semester Exam in which the candidate is pass .)

Semester	Year of Passing	Total Marks	Remark
I			
II			
III			
IV			
V			

(Attach Xerox copy of all lower semester Marksheets for old course only, Caste Certificate & Cast Validity if applicable)

Caste : (Concession - SC/ST/DT/NT/EBC) : _____

I shall abide by the rules / regulations in respect of the revaluation. Also I know that the decision of reassessor will be final and binding on me.

Place : _____

Date : _____ Signature of the Candidate

To be Filled by office Only-

Receipt No: _____ Date : _____

Amount Deposited : _____ Sign of Accountant : _____