SIKKIM SARDAR PATEL UNIVERSITY
PAKYONG, SIKKIM, INDIA

(Established by the State Legislature of Government of Sikkim by Act 14 of 2023)
(Approved under section 2(f) of UGC Act 1956)

EXAMINATION REVALUATION APPLICATION FORM

(For Semester-End Examinations)

Name: _____

Enrollment No.: _____

Programme: _____

Semester: _____ **Session:** _____ **Mobile:** _____

Email: _____ **DOB:** _____

Courses Applied For Revaluation

Course Code	Course Name	Regular/Reappear

Fee Details

Total Exam Fee Paid (₹): _____**Receipt / Transaction No.:**_____

Date: _____

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I have fulfilled the attendance requirements and agree to abide by all rules and regulations of the University regarding examinations.

Student Signature: _____ Date: _____

Exam Branch (Office Use)

Checked & Approved: _____ Date: _____