



**Office of the Controller of Examinations**  
**St. Xavier's Catholic College of Engineering**  
An Autonomous Institution, Affiliated to Anna University, Chennai  
**Chunkankadai, Nagercoil – 629003**  
**Application for Revaluation**

To be filled by the Student			
<b>Nov./Dec. .... April/May ..... Examinations</b>			
Name of the Candidate			
Register Number			
Subject Code and Title			
Degree and Branch		Semester	
Marks Obtained in the First Valuation (M <sub>1</sub> )		Grade	
Signature of the Candidate			

To be filled by the Examiner						
PART-A		PART-B & C				
Qn. No.	Marks	Qn. No.	i	ii	iii	Total
1		11	a			
2			b			
3		12	a			
4			b			
5		13	a			
6			b			
7		14	a			
8			b			
9		15	a			
10			b			
		16	a			
			b			
Total						
Grand Total (M <sub>2</sub> )						
Expected Increase in Marks (M <sub>2</sub> -M <sub>1</sub> )						

Recommended/Not Recommended for Revaluation	
Name of the Examiner	
Signature of the Examiner with Date	

Signature of the HoD	
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For Office Use

Assistant

Deputy CoE