



സ്കോൾ-കേരള

വിദ്യാഭവൻ, പൂജപ്പുര, തിരുവനന്തപുരം - 12

ഫോൺ: 0471 2342271, 2342369, 2342950

ഇ-മെയിൽ: info@scolekerla.org

APPLICATION FOR RE-VALUATION OF ANSWER SCRIPTS OF DCA EXAMINATION (Second Batch) - 2017

1. Name of Candidate (in block letters) :
2. Reg. No. (Exam) :
- (a) Name & Centre number of school :
- (b) District :
3. Subject and Papers for which valuation is required

Sl. No.	Paper Code No.	Name of Paper	Score Obtained
1			
2			
3			
4			
5			

4. Whether copy of Marklist enclosed : Yes No
5. Address of the Candidate to which Communications are to be sent (in block letters) :
.....
.....
.....
.....
Pin Code:

Phone No:

DETAILS OF FEE REMITTED

Challan No. & Date	Name of Post Office	Amount remitted

DECLARATION

I hereby declare that the details furnished above are true to the best of my knowledge and belief.

Signature & Name of Student:

Place :

Date :

Place :

Date :

(School Seal)

Counter Sign of Principal
(Exam Centre)