

**APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF DCA EXAMINATION (..... BATCH) 20...**

1. Name of Candidate (in block letters) : .....
2. Reg No. : .....
- a) Name & School code of Exam Centre : .....
- b) District : .....
3. Subject[s] and Paper[s] for which revaluation is required

Sl.No.	Subject	Name of Paper[s]	Score

4. Whether copy of Mark list 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**

**Online Remittance**

Transaction No.	Date	Amount

**Offline Remittance**

Invoice No. & Date of Chalan	Name of Post Office	Amount

Applications should be submitted to the concerned Principal before the last date stipulated

Signature of the Candidate : .....

Place:

Date:

Office Seal

**Signature of the Principal**

(DCA Study Centre)