

S.No.

**RE-EVALUATION FORM****Institute of Advanced Studies in Education (IASE) Deemed University**Gandhi Vidya Mandir, Sardarshahr, Rajasthan - 331401, India  
Ph.: 01564-223682, 220025 Ext. 243 Telefax: 01564-223517

The form should be complete in all respects and to be filled by student in English CAPITAL letters in blue / black ink.

ENROLMENT NO. I A S E / / / /

NAME OF STUDY CENTRE

ADDRESS OF STUDY CENTRE

COURSE NAME

COURSE CODE CENTRE CODE

LAST ROLL NO. SEMESTER MODE SEM (1-8)

APPEARED IN EXAM JUNE DEC YEAR 2 0 1 YEARLY MODE YR (1-4)

PASTE - BOX SIZE  
clear photograph of candidate  
Do not pin or staple.Photograph must also be  
self attested by the candidate  
& verified by the Centre Head

Seal

Seal &amp; Sign. of Centre Head

Full Signature of student

Date / /

NAME OF CANDIDATE

NAME OF FATHER / HUSBAND

NAME OF MOTHER

PERMANENT ADDRESS

CANDIDATE'S E-MAIL ID STD CODE PH. MOB.

**SUBJECT / PAPER CODE OPTED FOR RE-EVALUATION**

Subject Code	Name of Subject as mentioned in the Admit / Mark Card	Maximum Marks	Marks Obtained	Re-evaluation Marks	Result after Re-evaluation

- NOTE:  1 Re-evaluation in due paper(s) is not permitted.  
 2 Student can apply for re-evaluation only in two papers / subjects.  
 3 Re-evaluation can be applied only within 15 days of result declaration.  
 4 Forms received after 15 days will be rejected outright.  
 5 Others.....

S.NO.	PARTICULARS OF FEE (as applicable)	NO. OF PAPER	AMOUNT (in Rs.)	A/c Payee Draft no. _____ Dated _____
1	Re-evaluation Fee (Rs. 300 Per Paper)			Rs. (in Figures) _____ Rs. (in words) _____
2	Cost of form		50.00	Bank _____
	Total Amount			In Favour of REGISTRAR, IASE UNIVERSITY - A/c CC _____ (Study Centre Code) Payable At Sardarshahr* / Delhi.

**FOR OFFICE USE**

RECEIPT SECTION	ADMISSION SECTION	ACCOUNTS SECTION
Form received on.....	Accepted <input type="checkbox"/> Rejected <input type="checkbox"/>	Remarks
No. of Documents received.....	Reasons for rejection as per S.No.....	
Received by (full name)	Signature of AR/DR	Full Name of Dealing Assistant
	Signature of COE	

(To be filled by the student for dispatch of documents )

Name of Candidate : ..... Course Code.....

Name of Study Centre : .....

Address of Study Centre : .....

Pin Code

Study Centre Code : ..... Mobile No. of Director / Representative : .....