## APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF THE S.S.L.C. EXAMINATION MARCH -200.....

[G.O.(Ms.) 65/2000/GI.Edn. Dt. 11.2.2000]

- 1. Register Number
- 2. Name of Candidate
- 3. Full address of the candidate with name of Post Office & Pin
- 4. Name of examination centre
- 5. Name of Education District
- 6. Grand total of marks secured in S.S.L.C. Examination
- 7. Medium of instruction
- 8. Details of papers for which Revaluation is applied for

SI	.No.	Name of Paper	Mark scored in the SSLC Examination March 200
1.			
2.			
3. ₄			
4. 5.			
5. 6.			
9.	Amount of fee rem (Rs Two Hundred a paper as D.D. D.D.No. date and r (D.D. in original sho	and Fifty only) per name of Bank.	
10.	0. State the name of other paper/papers for which scrutiny has been applied for		
Place : Signature of Ca		Signature of Candidate	
rec	Certified that I hat ords and found cor		rnished above with reference to the connected
Pla Dat	ce : e :	(Seal)	Name & Signature of Headmaster

Note :- Amount of fee should be remitted in any nationalised bank as Demand Draft drawn (crossed) in favour of the Secretary to the Commissioner for Government Examinations, Pareeksha Bhavan, Poojappura, Thiruvananthapuram, payable at Thiruvananthapuram.