



സ്കോൾ-കേരള

വിദ്യാഭവൻ, പുജപ്പുര, തിരുവനന്തപുരം - 12

ഫോൺ: 0471 2342271, 2342369, 2342950

ഇ-മെയിൽ: info@scolekerla.org

APPLICATION FOR REVALUATION OF ANSWER SCRIPTS OF DCA EXAMINATION (..... Batch) - 20.....

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

| Sl. No. | Subject | Name of Paper | Score |
|---------|---------|---------------|-------|
| | | | |

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

| No. & Date of Chalan | Name of Post Office | Amount remitted |
|----------------------|---------------------|-----------------|
| | | |

Application should be submitted to the concerned Principal before the last date.

Place :

Date :

Principal