

SRIMANTA SANKARADEVA UNIVERSITY OF HEALTH SCIENCES

NARAKASUR HILLTOP, BHANGAGARH, GUWAHATI-32, ASSAM, INDIA

APPLICATION FORM FOR RE-EVALUATION OF ANSWER SCRIPT

 $(Particulars\ should\ be\ filled\ in\ by\ the\ candidate\ in\ his/her\ own\ handwriting)$

1.	Nam	ne of Candidate (in BLO	OCK CAPI	TAL) :				
2.	Father's Name			:				
3.	Mother's Name			:				
4.	Name of Examination			:				
5.	Roll No.			:				
6.	Examination Centre where appeared			:				
7.	. Name and address of Institute from where appeared for the examination			nere :				
				:				
8.				·				
9.	Pane	er(s) and marks obtaine	ed in the nat	ner(s) in which Re-eval	nation is required:			
	No.	Paper(s) and marks obtained in the paper (as indicated in question paper)		Serial No. of question paper (as indicated in question paper)	Date of examination held	Date of publication of result	Marks obtained	Maximum marks
	If ye	rately for any of the abes, please indicate Sl. N			0		_	
12.		ails of online payment	of requisite		Daggint No		Date of Pa	vment
		ails of online payment	of requisite	Online	e Receipt No. ose copy of E-Receipt)		Date of Pa	yment
			of requisite	Online			Date of Pa	yment
			of requisite	Online			Signature of the ca	ndidate
			of requisite	Online		(Signa		ndidate
	Am	nount of Fees paid		Online	ose copy of E-Receipt)	(Signa	Signature of the ca ature must corresp examination appli	ndidate ond to that in cation form)
	Am	nount of Fees paid		Online (Please encle	ose copy of E-Receipt) (Name of candidate	(Signathe e) is a bonafide studer	Signature of the ca ature must corresp examination appli	ndidate ond to that in cation form)
— Cer in t	Am	that		Online (Please encle	ose copy of E-Receipt) (Name of candidated on	(Signathe e) is a bonafide studer	Signature of the ca ature must corresp examination appli	ndidate ond to that in cation form)
Cer in t	Am	that	the answer	Examination hel	(Name of candidated on	e) is a bonafide studen	Signature of the ca ature must corresp examination appli ant of this institute a	ndidate nond to that in cation form) and had appeared
Cer in t	Am tified the warde	thated for re-evaluation of the contract	the answer	Examination hel	(Name of candidated onoy the candidate.	(Signothe) e) is a bonafide studer -	Signature of the ca ature must corresp examination appli	ndidate nond to that in cation form) and had appeared
Cer in t	Am tified the_ warde	thated for re-evaluation of	the answer	Examination hel	(Name of candidated onoy the candidate.	(Signathe) e) is a bonafide studer	Signature of the ca ature must corresp examination appli ant of this institute a	ndidate nond to that in cation form) and had appeared
Cer in t	Am tified the_ warde	thated for re-evaluation of	the answer	Examination hel	(Name of candidated onoy the candidate.	(Signathe) e) is a bonafide studer	Signature of the ca ature must corresp examination appli ant of this institute a	ndidate nond to that in cation form) and had appeared
Cer in t	Am tified the_ warde	thated for re-evaluation of	the answer	Examination hel	(Name of candidated onoy the candidate.	(Signathe) e) is a bonafide studer	Signature of the ca ature must corresp examination appli ant of this institute a	ndidate nond to that in cation form) and had appeared

Verified and particulars found correct

PROVISION FOR RE-EVALUATION OF ANSWER SCRIPTS

DEFINITION

Re-evaluation of Answer Scripts means the work is undertaken on receipt of a candidate's application in prescribed format and proper verification of the application form, to re-evaluate his/her answer scripts of the paper(s) applied for, to re- evaluate them afresh.

PRE-REQUISITES FOR RE-EVALUATION

- 1. A candidate desirous of applying for re-evaluation of his/her answer script(s) of paper(s) will have to apply for re-evaluation within 7 (seven) days from the date of publication of results. Application for re-evaluation of answer script(s) received after 7 days from the date of publication of results shall not be entertained.
- 2. Application for re-evaluation [upto maximum 3(three) papers] will have to be made by the candidate in prescribed format and particulars should be filled in by the candidate in his/her own handwriting.
- 3. Application must be verified and duly forwarded by the Principal/Head of the Institute to the University for consideration.
- 4. Signature of the candidate in the application form must correspond to that present on the application form for appearing in the examination.
- 5. The students are to pay the requisite fee through online payment gateway available in SSUHS website (Fee Collect). A copy of E-Receipt is to be submitted along with the Application Form.
- 6. PLEASE ATTACH ORIGINAL MARKSHEET AND PHOTOCOPY OF ADMIT CARD attested by the Principal/Head of the College/Institute from where applicant appeared in the examination/Self attested.
- 7. Application Form complete in all respects must be submitted in the University Office on working days during office hours. Incomplete application forms will be rejected straight away.
- 8. Re-evaluation for practical marks are not allowed.

RE-EVALUATION

- 1. Application form for re-evaluation shall be accepted only after verification of all particulars submitted by the candidate and found to be correct.
- 2. Re-evaluation of the answer script applied for by the candidate shall be conducted by a second examiner, appointed for the purpose, after which the University shall declare the result of the re-evaluation in the official website.
- 3. During the process of re-evaluation the answer script shall be re-evaluated afresh and the marks obtained on re-evaluation shall be declared and updated in all records. This shall be valid in those cases also where the marks obtained on re-evaluation is found to be less than that declared before it, **except**, in case of a candidate who hadpassed earlier but got fail mark during re-evaluation and in such case the previous mark shall prevail and no updating shall be made.
