



# SRI DEVARAJ URS ACADEMY OF HIGHER EDUCATION AND RESEARCH

Comprising Sri Devaraj Urs Medical College

**A DEEMED TO BE UNIVERSITY**

Declared under Section 3 of UGC Act, 1956, MHRD GOI No.F.9-36/2006-U.3(A) Dt. 25<sup>th</sup> May 2007

POST BOX NO.62, TAMAKA, KOLAR-563 101, KARNATAKA, INDIA

Ph:08152-210604, 210605, 243003, 243009, Fax:08152-243008, E-mail: [coe@sduu.ac.in](mailto:coe@sduu.ac.in), website: [www.sduu.ac.in](http://www.sduu.ac.in)

No.SDUAHER/KLR/CE-RET/ 290 / 2021-22

Date: 20.07.2021

To

The Principal,  
SDUMC, Kolar,

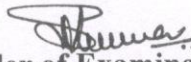
Sir,

**Sub:-** Re-evaluation of answer scripts conducted by SDUAHER-reg  
Ref:SDUAHER/KLR/ADMN/468/2021-22 dated:04-.07.2021

With reference to the above subject, SDUAHER has introduced Re-evaluation of answer scripts for the **MBBS Phase-I, II & Phase-III (Part-I & II) Examinations** in the subjects of (Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology, Forensic Medicine, Community Medicine, Ophthalmology, ENT, Pediatrics, General medicine, General Surgery and OBG). **This has come into effect from April 2021.** The Students who desire for Re-evaluation may apply in the prescribed application form with fee of Rs.5000/- (Rupees five thousand only) per theory paper within 10 days from the date of announcement in the website.

Thanking you,

Yours faithfully,

  
**Controller of Examinations**  
Controller of Examinations  
Sri Devaraj Urs Academy of  
Higher Education & Research  
Tamaka, Kolar-563101. S

Copy Submitted to:

4. P.A. to the Vice Chancellor, SDUAHER,
5. The Registrar, SDUAHER
6. Office copy.

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Ph:08152-210604, 210605, 243003, 243009, Fax:08152-243008, E-mail: [coe@sduu.ac.in](mailto:coe@sduu.ac.in), website: [www.sduu.ac.in](http://www.sduu.ac.in)

**Dr. Vasantha Kumar S.**

Controller of Examinations

Ph: 08152-243247 (Direct) Mobile: 9448291031,

E-mail: [coe@sduu.ac.in](mailto:coe@sduu.ac.in)

## APPLICATION FORM FOR RE-EVALUATION OF ANSWER-SCRIPTS

1. Name:

2. Register Number:

3. Institute:

4. Course:

5. Examination:

6. Date of Publication of Result:

7. Details of the Paper(s) to be re-evaluated:

Sl No	Subject	Paper	Marks Obtained
1			
2			
3			
4			

8. Justification for Re- evaluation

9. Fees Details:

Amount:

Payment reference number:

Name of Bank:

Date of Payment:

### Declaration

I do hereby solemnly declare that the information provided herein above are true to the best of my knowledge. I also undertake that I have understood all the rules pertaining to the process of Revaluation of Answer-scripts and I will accept the marks awarded to me after the revaluation as the Final mark(s) and it will be binding upon me even if the marks is less than the original marks.

Signature of the Student:

Mobile:

E - Mail Id:

Date:

## GUIDELINES FOR FILLING THE APPLICATION FORM

1. Applying for Photo/Xerox copy of the answer script and applying for Revaluation will be two independent processes.
  2. Applying for the Photo/Xerox copy of the answer script or having Photo/Xerox copy of the answer script shall not be a pre-requisite for applying for revaluation of the answer script in the said subject.
  3. The student can independently apply for revaluation OR Photo/Xerox OR both simultaneously.
  4. If the examinee is not satisfied with the marks awarded, he/she may independently apply for revaluation in the prescribed form within the period and in the manner prescribed, whether or not he/she has applied for Photo / Xerox copy/ies of the same.
  5. This revaluation facility shall be for theory papers only.
  6. The revaluation of answer script/s shall not be permitted in respect of the marks awarded to the scripts of practical examination /term work! seasonal work / project work / dissertation / internal assessment / term work (including theory part) and in viva voce /oral / practical examinations/ OMR Sheets
  7. A candidate can apply for the revaluation of the answer script/s of the subject only if he/she has secured at least 20% of the total marks in that subject or 40% of the marks required for passing in the said subject, whichever is less or the grade equivalent to the above criteria where grades are assigned to the theory paper.
  8. The Revaluation of scripts will not be allowed in more than one third of the written papers of an annual examination.
  9. The prescribed application form for revaluation of answer script/s can be downloaded from the Academy website-Examination Section.
  10. Only one application form shall be used for one answer script of the same examination.
  11. No change in the entries once made by the candidate in the form shall be allowed after it is submitted to the office of the COE.
  12. The Photocopies of statement of marks attested by the Principal / Respective Department heads of Allied Health & Basic Sciences shall be attached along with the application form.
  13. The nonrefundable prescribed fees of Rs. 5000 per answer script for the purpose of revaluation shall be paid by the examinee. The said fee shall be remitted by the link provided-<https://sduaher.iweb.online/Account/Loginmvc> (Sri Devaraj Urs Academy of Higher Education & Research Tamaka, Kolar.)
  14. The prescribed application form for revaluation of answer script duly filled in and signed by the applicant examinee only is to be submitted along with the Original / Statement of Marks Sheet Prescribed fees as above and question paper/s for which he/she intends to apply for revaluation, within seven (07) working days from the date of the declaration of the result of the respective examination or from the date on which the Sri Devaraj Urs Academy of Higher Education and Research the statement of marks, whichever is later. Incomplete form and form not accompanied by relevant documents may be rejected without assigning any reason whatsoever.
  15. Fee once paid shall not be refunded under any Circumstances.
  16. The candidate shall provide justification for applying for re-evaluation.
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