CENTRAL UNIVERSITY OF ANDHRA PRADESH
ANANTHAPURAMU

<u>REQUEST FOR SCANNED COPY OF THE ANSWER BOOKLET</u>

Respected Sir,

With due respect, I am writing this letter to request you to arrange the scanned copy of my answer booklet. The details are mentioned below:

NAME OF THE STUDENT: _____
(IN BLOCK LETTERS)

STUDENT ENROLMENT NO: _____

PROGRAMME: _____

SEMESTER, MONTH and YEAR: _____

E MAIL ID: _____

CONTACT NO: _____

Note:

- The fee receipt of Rs.100/- should be enclosed (with this application form) for scanned copy of the answer script for 2021 and 2022 batches.
- Rs. 200/- of fee receipt should be attached (with this application form) for scanned copy of the answer script for 2023 batch students.
- Every student who is applying for Re- evaluation must first apply for Scanned copy of answer script for personal verification.

S. No	COURSE CODE	COURSE TITLE	AMOUNT PAID
1			
2			
3			

Payment Details: _____

Transaction ID: _____

Amount: _____Date of Payment: _____

Signature of the Programme Coordinator   Signature of the Student

Date: Date

CENTRAL UNIVERSITY OF ANDHRA PRADESH
ANANTHAPURAMU

To,

Controller of Examination,
CUAP.

Sub: REQUEST FOR REVALUATION OF THE ANSWER BOOKLET

Respected Sir,

With due respect, I am writing this letter to request you to arrange revaluation of my answer booklet. The details are mentioned below:

NAME OF THE STUDENT: _____
(IN BLOCK LETTERS)
STUDENT ENROLMENT NO: _____
PROGRAMME: _____

SEMESTER, MONTH and YEAR: _____

E MAIL ID: _____

CONTACT NO: _____

Note:

- Rs.300/- fee receipt should be attached for Revaluation of the answer script (with this application form) for 2021 and 2022 batches.
- Rs.500/- receipt should be attached for Revaluation of the answer script (with this application form) for 2023 batch.
- Every student who is applying for Re- evaluation must first apply for Scanned copy of answer script for personal verification.

S. No	COURSE CODE	COURSE TITLE	AMOUNT PAID
1			
2			
3			

Payment Details: _____

Transaction ID: _____

Amount: _____Date of Payment: _____

Signature of the Programme Coordinator   Signature of the Student

Date: Date