



**ANDHRA UNIVERSITY**  
**SCHOOL OF DISTANCE EDUCATION**

VISAKHAPATNAM 530 003 : ANDHRA PRADESH  
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**APPLICATION FOR REVALUATION OF P.G. COURSES**

Name: \_\_\_\_\_.

Name of the Examination	Month & Year	Register Number

Title of the Paper(s) in which REVALUATION is sought			Marks Obtained
PREVIOUS	Marks Obtained	FINAL	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
5.		5.	
6.		6.	

Name of the Examination Centre:

Address for Communication:

Phone / Mobile No.:

Particulars of Fee Paid: (DD should be drawn in favour of Registrar, Andhra University payable at Visakhapatnam)

Name of the Bank:

DD No. :

Amount Rs.:

Date of Payment:

Station:

Signature of the Applicant

Date:

**INSTRUCTIONS TO CANDIDATES:**

1. Regarding **REVALUATION FEE**, please contact School of Distance Education, A.U.
2. Xerox Copies of Marks Lists.
3. Specimen Handwriting should be enclosed.
4. Self-addressed covers (Unstamped) should be enclosed.
5. THE CANDIDATE HAS TO WRITE HIS / HER PARTICULARS SUCH AS NAME, REGISTER NUMBER AND COURSE OF STUDY ON THE REVERSE SIDE OF THE DEMAND DRAFT WITHOUT FAIL.