



**RATHINAM**  
TECHNICAL CAMPUS  
(AUTONOMOUS)



Rathinam Techzone, Pollachi Main Road, Eachanari, Coimbatore - 641 021

**OFFICE OF THE CONTROLLER OF EXAMINATIONS**



Email: [coe.rtc@rathinam.in](mailto:coe.rtc@rathinam.in)



<https://www.rathinamtechnicalcampus.com>

**APPLICATION FOR REVALUATION OF ANSWER SCRIPTS**

**Name:**

**Register Number:**

**Programme and Branch:**

**Month and Year of Examination:**

S. No.	Sem	Course Code	Title of the Course	Remarks	Subject Expert with Signature

Total No. of Course \_\_\_\_\_

Amount of Fees Paid :

Amount in words :

Receipt No. & Date:

**Signature of the Student**

**HoD**

**Vice Principal - Academics**

\*Enclose the Original Receipt