

**I.K. Gujral Punjab Technical University  
Jalandhar, Kapurthala**

**NOTIFICATION**

**Ref. No.: IKGPTU/COE/16167**

**Dated: 24.08.2024**

As approved by competent authority, student who have not filled Re-evaluation form, they can fill Re-evaluation form (Copy Attached) and submit with requisite fee (In the shape of Demand draft in the favour of Registrar, I.K. Gujral Punjab Technical University Jalandhar, Kapurthala payable at Jalandhar) in concerned institute for examination held in April/May-2024 latest by 30.08.2024 (Without Late fee). Institutes must submit the Re-evaluation form in the secrecy branch of the University up to 03.09.2024. No extra fee to be charged by the College from the students.



**Controller of Examinations**

**Copy To:**

1. SVC, Vice-Chancellor for the information of Vice-Chancellor.
2. Registrar, IKGPTU Kapurthala- for the information.
3. Deputy Registrar, IKGPTU Kapurthala to ensure the information must reach to all concerned.
4. All Institutions and Faculty Members to inform the students concerned.
5. Deputy Registrar (ITS) for uploading at university website: [www.ptu.ac.in](http://www.ptu.ac.in).
6. Diary/Despatch section to Despatch via speed post to all institutes.



# I.K.G PUNJAB TECHNICAL UNIVERSITY, JALANDHAR

## Re-evaluation Form

1. University Roll number-cum-Registration Number \_\_\_\_\_
2. Name of the applicant (in Block Letters) \_\_\_\_\_
3. Father's Name \_\_\_\_\_
4. Name of Course \_\_\_\_\_ Semester \_\_\_\_\_  
Branch \_\_\_\_\_ Session \_\_\_\_\_ 201\_\_\_\_\_
5. Name of Institute \_\_\_\_\_
6. Particular subject/s and paper/s in which re-evaluation of answer book/s is/are desired.

	Subject	Subject Code	Marks obtained	%age Marks obtained
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

7. Date of declaration of the result \_\_\_\_\_
8. Fee of Rs. \_\_\_\_\_ Remitted :-  
(i) by draft no. \_\_\_\_\_ Dated \_\_\_\_\_  
Name of the Bank \_\_\_\_\_  
(ii) Under university Receipt No \_\_\_\_\_ Dated \_\_\_\_\_
9. Specimen handwriting of the candidate (student must fill the re-evaluation form by his / her own handwriting).  
\_\_\_\_\_

10. Address for correspondence \_\_\_\_\_

Ph. No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Counter Signed :-

Principal

\_\_\_\_\_ College / Institute

\_\_\_\_\_ City.

\_\_\_\_\_

Signature of Candidate

Dated \_\_\_\_\_