



Institute of Advanced Research  
*The University for Innovation*

**Re-evaluation Form**

Name of Student: \_\_\_\_\_

Date: \_\_\_\_\_

Program: \_\_\_\_\_

Batch: \_\_\_\_\_

Major: \_\_\_\_\_

Reg. No.: IAR/\_\_\_\_\_

Note: 1. Please mention the course title, code and semester clearly.

2. Fill the form only in capital Letters.

3. Re-evaluation fees Rs. 250/- per course.

Sr.	Course title	Course Code	Semester	Fees
1				
2				
3				
4				
5				
<b>Total</b>				

Signature of Student:

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**For Office Use Only (acknowledgement slip)**

Education Officer:

Finance Officer for total fees paid: