



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				
Total				

Signature of Student:

For Office Use Only (acknowledgement slip)

Education Officer:

Finance Officer for total fees paid: