



# NATIONAL INSTITUTE OF HEALTH SCIENCE & RESEARCH

## Revaluation Form

Roll No. \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Student's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_ DOB \_\_\_\_\_

Institute Name \_\_\_\_\_

Course Name \_\_\_\_\_ Session \_\_\_\_\_

Subject for Revaluation:

Subject	Marks obtained
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____

Student's Signature

\_\_\_\_\_

Principal's Signature with Seal

\_\_\_\_\_

➤ Fee per subject— Rs 500/-