# National Institute of Open Schooling

**FORM OF APPLICATION FOR RE-EVALUATION OF ANSWER-SCRIPTS OF SENIOR SECONDARY EXAMINATIONS**

**(Application should be sent by Registered/Speed Post only to the concerned Regional Centre)**

**The Regional Director**
**Regional Centre…….**
**National Institute of Open Schooling**
**……...**
**……**

**Demand Draft No…….**
**Date……..**
**Name of the Bank & Place…….**
**……..**
**For Rs……..in favour of "Secretary, NIOS" payable at ……**

Sir,

I hereby apply for re-evaluation of my answer script(s) for the examination held in April/October _____in the subject(s) mentioned below:-

**Enrolment No.** | | | | | | | | | | | | **Name of the candidate…….**

**Father's Name……**

**Examination Centre No._____**
**Name of Exam Centre_____**

| Sl.No. | Subject | Subject Code | Marks obtained | | |
|---|---|---|---|---|---|
| | | | Theory | Practical | Total |
| 1. | …….. | …… | …… | …… | …….. |
| 2. | …….. | …… | …… | ……... | ……. |
| 3. | …….. | …… | …… | …… | …….. |
| 4. | …….. | …… | …… | …… | …….. |
| 5. | …….. | …… | …… | …… | …….. |
| 6. | …….. | ……. | …… | …… | …….. |
| 7. | …….. | ……. | ……. | …… | …….. |

I hereby agree to accept the final result based on the re-evaluation of my answer–scripts.

Yours faithfully,

Name/Address of the Applicant (Signature of Applicant)
……...
……...
……...

Name……

**PIN** | | | | | | | **Tel./Mob. No**. | | | | | | | | | | |

**e-mail id……..**

**Note: 1. Form must be filled in BLOCK LETTERS only.**
**2. For rules of re-evaluation, please see overleaf.**