



Central Institute of Management Nepal University

APPLICATION FOR RE-EVALUATION (Ref. Clause 19.1 of the revised Ordinance 01)

1. Name of Candidate: _____
2. Enrollment No: _____ Year of Admission _____ Semester _____
3. Date of Declaration of result by the department: _____ (Attach Semester Result)
4. Address: _____
5. Contact Number: _____ Email id: _____
6. Particulars of payment : NP. 500/- per course

Transaction Number/Receipt No. _____

Date of Issue _____

Details of courses for which Re-evaluation is being applied for:

(Maximum of three theory courses in a semester)

S.No.	Course Code	Course Title	Grade Secured

I hereby admit that I have read the rules of Re-evaluation and agree to accept and abide by therevised result which would be declared by CIMN in response to my application.

Date: _____

Signature of Candidate

Recommendations of the HoD while forwarding the application:

1. The result of the above subject was announced on _____
2. The student's application is received within the time limit of seven working days asprescribed in the clause 19.3 (a) of the Ordinance 03.

Signature of HoD/Coordinator
with Official Seal