


DAVANGERE UNIVERSITY
SHIVAGANGOTHRI, DAVANGERE-577002

**APPLICATION FORMAT FOR CHALLENGE VALUATION OF
POST GRADUATION COURSES**

TO,
Registrar (Evaluation),
Davangere University
Shivagangothri
DAVANGERE-577002

PARTICULARS

1. Name & Address of the Candidate :
2. Courses :
3. Class/Year :
4. Register No. :
5. Month & Year & Exam :
6. Name of the Department :
7. The Paper for which Challenge Valuation is required

Sl.no	Name of the Subject	Sem	Paper Code	Marks Obtained
01				
02				
03				
04				

8. D.D./Challan No: _____ Date _____ For Rs. _____
(In Words _____)

Date:

Place:

Signature of the Candidate

Department Chairman
Signature & Seal