

REQUEST FOR REVALUATION OF THE ANSWER SCRIPTS OF RMO 2018-19.

Name (IN BLOCK LETTERS) :

PRMO Roll No. :

Date of Application :

DD No. & Date :
(DD in favour of Regional
Coordinator, INMO
Payable at Eranakulam)

Name of RMO Examination Center :

Address :

Mobile Phone :

Email :

Provisional RMO Score :

Grievance about the Score :

Signature with Date :