

## Application for Re- Evaluation (AMFI TEST)

1. Name of the ORGANISER:
2. Address:
3. Email-id (compulsory):
4. Name of the candidate:
5. Roll No. of candidate
6. Date of Test:
7. Name of Centre:
8. Marks obtained:

We hereby enclose a Demand Draft no. \_\_\_\_\_ dated \_\_\_\_\_ for Rs. 300\*/- (Rupees Three hundred only) drawn in favour of the Indian Institute of Capital Markets and payable at Mumbai Service Branch towards re-evaluation charges.

Kindly arrange to re-evaluate and communicate the result to our above mentioned email id at the earliest.

(Signature of Organiser)

\*per candidate

Encl.: Demand draft

Date:

Note: Request for re-evaluation should reach IICM alongwith the DD within 15 days from the date of declaration of result. The outcome of the re-evaluation will be intimated to the concerned organiser only. This application alongwith DD should be forwarded to:

The AMFI Test Co-ordinator  
Indian Institute of Capital Markets  
UTI House, Plot No.82, Sector 17, Vashi  
Navi Mumbai – 400 705