Application Form For Verification of Examination Marks & Grades

Faculty of :			U	niver	sity of :		• • • • • • • • • • • • • • • • • • • •	
1. Details of t	he Candidate	e						
Name of the Candi	idate							
Registration No		Index No						
Year		Semester						
2. Assessment	t(s) to be ver	rified		I				
End-semester/Year-end Examination/Final Examination		Course/Subject		Marks Received		Grade Received		
<u> </u>								
Total amount paid: (Original receipt sho			he rate of Rs.500	/- per	· Course/Su	bject/Exaı	ninatior	1)
Date:		S	ignature of the C	andio	date:			
FOR OFFICE USE	Ξ							
Results after Verif	ication							
End-semeste Examination/Fin			Course/Subject		Marks eceived	Grade Receive		anged/Not Changed

Name and Signature of Verit	fication Board Member:
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Date of Verification:....

Name	Designation	Signature

Note: In the case of final examination relevant minutes of the Special Result Board and the Senate must be attached.