

Application Form for Verification of Examination Grades / Marks

Faculty of

1. Details of the Candidate

Name of the Candi	date:					
Registration No.:		Index No.: (only if different with Reg. N		nt with Reg. No.)		
Name of the Exam	ination:					
Year		Semester				
2. Modules to be	Verified					
Course Unit/Module/Subject Name		Course Unit/Module No.		Grade Received		
	fully refunded i	payment (Rs.500/= pe f the grades are change d)				
Date:	Signature of the Candidate:					