Application Form for Verification of Examination Marks & Grades

Faculty of.............................. University of.................................

01. Details of Candidate

Name of Candidate			
Registration No		Index No	
Year		Semester	

2. Assessment(s) to be verified

End semester/ Year –end Examination / final Examination	Course/ Subject	Marks Received	Grade Received

Total amount paid: Rs...................... (At the rate of Rs. 500/- per course/subject/Examination):

(Original receipt should be attached)

Date:.................................... Signature of the Candidate:..........................

FOR OFFICE USE:

Result after Verification

End semester/ Year –end Examination / final Examination	Course/ Subject	Marks Received	Grade Received	Change /Not Changed

Name and Signature of Verification Board Member   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