

Application Form for Verification of Examination Marks & Grades.

Faculty of Medicine

1. Details of the Candidate

Name of the Candidate			
Registration No			
Year		Semester	

2. Assessment(s) to be verified

End Semester/final Examination	Course/Subject	Marks Received (if applicable)	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:

Results after Verification

End Semester/Final Examination	Course/Subject	Marks received	Grade Received	Changed/Not Changed

Verification Board Members:

Date of Verification:

Name	Designation	Signature

Student Identity Card / Admission Card

Examination:

Year: Month:

Title of the Subject / Paper:

Code No:

Date of Examination: Time:

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

Declaration for not producing of Student Record Book

Name of the student:

Index No:

I hereby declared that I was unable to produce my Student Record Book / Student Identity Card / Admission Card for the above examination due to my failure to bring the same / due to loss of same. I read and understood the item no.1.4 of the examination by-laws and hereby agreed to adhere the procedures laid down in these by-laws. I acknowledged that I have been conditionally permitted to sit the examination subject to fulfilling due requirements.

.....

Signature of Student

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Date

The above student has signed the declaration before my presence.

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Signature of Supervisor

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Date

The above student has produced his/her Student Record Book / Student Identity Card / Admission Card on

Applied for a duplicate as he/she losses the Student Record Book/Student Identity Card / Admission Card. (* Delete inapplicable)

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Registrar/SAR/AR

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Date