



## Application Form for Verification of Examination Marks and Grades

**Faculty of** <Name>

**Department of** <Name >

**Degree Program:** < Name >

### 1. Details of the Candidate

<b>Name of the Candidate</b>					
<b>Index Number</b>		<b>Batch</b>		<b>Semester</b>	

### 2. Examination(s) to be verified

Semester	Module Code	Module Name	Grade Received	Marks Received (if applicable)

Total amount paid: Rs ..... (at the rate of Rs. 500Rs/- Module): (Original receipt should be attached)

**Date:** .....

**Signature of the Candidate:**.....

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*FOR OFFICE USE:*

**Results after Verification**

<b>Semester</b>	<b>Module Code</b>	<b>Module Name</b>	<b>Grade Received</b>	<b>Marks Received</b>	<b>Changed/ Not changed</b>

**Verification Board Members:**

**Date of Verification:** .....

<b>Name</b>	<b>Designation</b>	<b>Remark</b>	<b>Signature</b>