**Request for re-checking of marking of answer scripts**

|  |  |  |  |
| --- | --- | --- | --- |
| Candidate’s Namewith Initials |  | Index No. |  |
| Academic Year |  | Semester |  |
|  |
| Number and Title of the Course |  |
| Grade Obtained |  | Grade Expected |  |
|   Date |
| **For office use only** |
| **Before Re-scrutiny** | **After Re-scrutiny** |
| Marks | Grade | Marks | Grade |
|  |  |  |  |

Comments:

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 Examiner(s) Signature(s) Date

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 Head/Coordinator of Exams Signature Date