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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Candidate’s Name  with 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