

SZABIST**SCRUTINY FORM FOR FINAL EXAM PAPER**

Student Name: _____ Reg.# _____

Program: _____ Section: _____ Semester: _____ year: _____

Re-Counting Amount 1000/- Per PaperRe-Assessment Amount 5000/- Per Paper

Course Name	Instructor's Name	Class section

Student Signature_____
Finance Department Signature**FOR OFFICE USE ONLY**Re-counting Result Same Changed

New Marks after changing: _____ New Grade _____

Re-Assessment Result Same Changed

New Marks after changing: _____ New Grade _____

Findings in case of re-assessment from HoD's / P.M's

Refunded of Amount in case of changes

Finance Department

HoD / PM_____
Sr. Controller Examination_____
Vice President Academics