

**SCRUTINY FORM FOR FINAL EXAM PAPER**

Student Name: \_\_\_\_\_ Reg.# \_\_\_\_\_

Program: \_\_\_\_\_ Section: \_\_\_\_\_ Semester: \_\_\_\_\_ year: \_\_\_\_\_

Re-Counting  Amount 1000/- Per Paper

Re-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

\_\_\_\_\_  
Head of Department / P.M.

\_\_\_\_\_  
Examination Controller

\_\_\_\_\_  
V.P. Academics