Application Form for Verification of Examination Marks & Grades

Faculty of Medicine   **University of Peradeniya**

1. Details of the Candidate

Name of the Candidate			
Registration No.		**Index No:**	
Year		**Semester**	

2. Assessment(s) to be verified

End-semester/ Year-end Examination Final Examination	Course/ Subject	Marks Received	Grade Received

Total amount paid Rs. …………………… at the rate of Rs. 500/- per Course/ Subject/ Examination)
(Original receipt should be attached)

Date:…………………………….   Signature of the Candidate:…………………..…

FOR OFFICE USE:

Results after Verification

End-semester/ Year-end Examination Final Examination	Course/ Subject	Marks Received	Grade Received	Changed/ Not Changed

Name and Signature of Verification Board Member: Date of Verification:………………

Name	Designation	Signature

Note: In the case of final examination relevant minutes of the Special Results Board and the Senate must be attached.