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| **logo100height** |
| **Application Form for Verification of Examination Grades/Marks****Faculty of Allied Health Sciences****University of Ruhuna** |

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| **Amount paid: Rs. …………………..****Date of payment: …………………...****Cash receipt no. : …………………...** |

**1. Details of the Candidate**

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| Name of the Candidate: Mr./Ms …………………………………………………………………………….  |
| Student Registration No: ……………………………………………………………………………………. |
| Name of the Examination: …………………………………………………………………………………..  |
| Semester: ……………………………………… | Year: ……………………………………………. |

**2. Subject/Module to be verified**

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| --- | --- | --- |
| Subject/Module Code | Subject/Module | Grade Received |
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**Date: ……………………… Signature of the Candidate: ………………………………**

***Note:***

* *Verification fee is Rs. 500/= per Subject/Module.*
* *The receipt for the total payment issued by the Shroff, Faculty of Allied Health Sciences or People’s Bank deposit slip (A/C No: 343-1-001-7-0011983, Karapitiya Branch) for the total payment should be attached to the application*
* *Verification fee will be refunded, if the grade is changed.*

***For Office Use:***

**Results after Verification**

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| --- | --- | --- | --- | --- |
| **Subjects/Module Code** | **Subject/Module** | **Before Verification** | **After Verification** | **Status (Changed/Not changed)** |
| **Mark** | **Grade** | **Mark** | **Grade** |
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**Name and Signature of Verification Board Members**

Date of Verification: ……………………………………….

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| **Name** | **Designation** | **Signature** |
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