

## Application Form for Verification of Examination Grades/Marks Faculty of Allied Health Sciences University of Ruhuna

		Amount paid: Rs			
		Date of payment:			
		Cash receipt no.:			
1. Details of the Candidate					
Name of the Candidate: Mr./Ms					
Student Registration No:					
Name of the Examination:					
Semester:	Year:				
2. Subject/Module to be verified					
Subject/Module Code	Subject/Module	Grade Received			
I					
Date:	Signature of the Car	ndidate:			

## 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**

Name and Signature of Verification Board Members

Subjects/	Subject/Module	<b>Before Verification</b>		After Verification		Status
Module Code		Mark	Grade	Mark	Grade	(Changed/Not changed)

Date of Verification:						
Name	Designation	Signature				