



**SOUTH EASTERN UNIVERSITY OF SRI LANKA
EXAMINATIONS DIVISION**

Application for Verification of Examination Marks & Grade

(Should be filled in CAPITAL letters)

Details of the Candidate:

01. Name with initials:

02. Registration No: 03. Index No:

04. Year 05. Semester:

06. Faculty: 07. Contact No.

08. E-mail ID:

Subject / course unit to be Verified:

09. Name & Year of the Examination:

10. Subject Code:
(Attach a copy of results sheet) 11. Grade Received:

12. Name of the Subject
(Use separate form for each subject)

13. Amount Paid Rs.
(at the rate of Rs. 500/- per subject) 14. Receipt No.
(Original receipt should be attached)

Date:.....

Signature of the Candidate:.....

MR. MOHAMMED NAZAR, SENIOR STAFF MANAGEMENT ASSISTANT, EXAMINATIONS DIVISION, SOUTH EASTERN UNIVERSITY OF SRI LANKA. MR. MOHAMMED NAZAR, SENIOR STAFF MANAGEMENT ASSISTANT, EXAMINATIONS DIVISION, SOUTH EASTERN UNIVERSITY OF SRI LANKA. MR. MOHAMMED NAZAR, SENIOR STAFF MANAGEMENT ASSISTANT, EXAMINATIONS DIVISION, SOUTH EASTERN UNIVERSITY OF SRI LANKA.

FOR OFFICE USE

Ex. No.

The above application is received on according to the circular?

The application is accepted / rejected.

.....
De. Registrar/Exams.

Name & Year of Examination	Subject Code & Subject Title	Before Varification		After Varification		Change / Not Change
		Marks	Grade	Marks	Grade	

Name and Signature of Varification Board Mambers:

Date of Varification:.....

Name	Designation	Signature

Important to note:

Please send the filled application to the Deputy Registrar/ Senior Assistant Registrar/ Assistant Registrar of your Faculty via e-mail within two weeks of the release of the results .

Scanned copy/ photo of the receipt for payment should be attached with the application.

Separate application has to be submitted for each subject of re- scrutinization.

Payment Account Details:

Name of the Account : South Eastern Univeraity of Sri Lanka

Account No : 228-1001-9000-1704

Bank : Peoples Bank

Branch : Addalaichenai