Application Form for Verification of Examination Marks & Grades University College Ratmalana

Name o	of the Cand	idate			,	-	
Registration No.			Index No.				
Year		Seme	Semester				
	ent(s) to be		Modul	3	Gra	ade Received	
Total amo (Original re	unt paid: R ceipt should	isi be attached)	(at the	rate of Rs. 500)/- per Module)		
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			Ŭ	re of the Cand	idate:	~~~~~	
Office Use: on which	the applica	ntion was rece	ived :				
Office Use: on which tesults aft	the applica	ation was rece		****************		Changed/Not Changed	
Office Use: on which	the applica	ation was rece tion Marks	ived : Marks after	Grade	Grade after	Changed/Not	
Office Use: on which	the applica	ation was rece tion Marks	ived : Marks after	Grade	Grade after	Changed/Not Changed	
Office Use: on which results aft mination	the applica er Verifica Module	tion was rece tion Marks Received	ived : Marks after	Grade Received	Grade after	Changed/Not Changed	