01. (i) Medium: Sinhala ☐ English ☐ [Please Tick]
(ii) Exam Year: y y y y
(iii) Programme:
(iv) Student Reg. No:
(v) Subject to be re-scrutinized | Subject Code | Grade
--- | --- | ---
(vi) Date of declaration of Results: d d m m y y y y

02. (i) Name of the candidate: Rev./Mr./Mrs./Miss:
(ii) Address:
(iii) N.I.C./Passport No:
(iv) Telephone No: Mobile : Home : Office :
(v) E-mail address: (i) (ii)

03. Details of payment: Amount: | Date: d d m m y y y y
(Please attach the proof of payments original)

04 Declaration by the candidate:
I do certify that the above particulars furnished by me are true and correct. I am aware that this application could be rejected in the event of furnishing incorrect information. I agree to be bound by the rules pertaining to Re-scrutiny of results and to accept an upward or a downward revision of the marks, Grade/s and GPA as a result of re-scrutiny.

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

Note:
1. Please send/handover your applications to the FGS; Senior Assistant Registrar, Faculty of Graduate Studies, University of Kelaniya.
2. Rs.5000/- for each subject to be re-scrutinized. (Attach the proof of payments.)
3. Application for Re-Scrutiny of answer script will be accepted until Two Weeks from the date of releasing the result.
4. The decision of the re-scrutiny panel is final and appeals against the re-scrutiny panel decisions are not allowed.
5. The application form will be available on the fgs website: www.fgs.kln.ac.lk.
6. Separate Application forms should be submitted for each paper to be re-scrutinized.
7. Incomplete application form/s will not be processed and also no application will be accepted after expiry of 30 days from the date of declaration of results.
 Confirmation of the Programmer of the Faculty of Graduate Studies:

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<th>Subject Code</th>
<th>Subject Name</th>
<th>Marks</th>
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Date of release of results: d m y

Re-programmer/FGS
Date: ......................
Re-scrutiny fee has been paid / not paid

Checked by: .........................
Senior Assistant Registrar
Faculty of Graduate Studies

Name: ...............................
Date: ...............................

Recommendation of the Head of the Department / Coordinator:

Date: ...............................
Head of the Department / Coordinator

Re-scrutiny Panel

Decision of the panel:
- Marks were changed [ ] Not Changed [ ] [Please Tick]

If changed: New Marks

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Recommendation of the Re-Scrutiny Panel.

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Confirmation

DR/Exam
Date: .........................
(Official Stamp)

Dean /FGS
Date: .........................
(Official Stamp)