



REQUEST FOR SCRUTINY OF FINAL EXAMINATION

To,
Controller Of Examinations
 PAF-KIET

Name: _____

STD ID:

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Semester: Spring Summer Fall

Class ID	Course Name	Faculty Name

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ACKNOWLEDGEMENT

I will accept the final result / findings announced by the scrutiny committee in response to my request.

Student's Signature

Date:

1- EXAMINATION DEPARTMENT	
Accepted:	<input type="checkbox"/>
Not Accepted:	<input type="checkbox"/>
_____ Examination Officer	

2- ACCOUNTS SECTION	
Received: Rs.	_____
Receipt No.	_____
_____ A/C Officer	