

Scrutiny Form

Student ID: Request #					
Name: _					
Father's	Name:				
Roll Number:Year:					
Class: Group:					
Cell No NIC No:					
Address	:				
School N	lame:				
Subject:	(1) (2)				
	(3) (4)				
Total Am	nount:				
Term &	Conditions:				
(1)	The applicant will deposit scrutiny fee for each subject as prescribed by the Board.				
(2)	The scrutiny fee shall be non-refundable.				
(3)	The findings of scrutiny will be notified to the applicant on his/her mailing address.				
(4)	In case of any change in the result, new marksheet will be issued to the student which will be received by him/her				
(5)	personally subject to surrender of old marksheet. Answer scripts will not be shown to the student/applicant in any case.				
Recipient & Sta	's Signature of Student amp				



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Recipient's Signature & Stamp Signature of Student



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