ZIAUDDIN UNIVERSITY EXAMINATION BOARD

Scrutiny Form

Student ID: _____ Request # _____

Name: _____

Father's Name: _____

Roll Number: _____Year: _____

Class: _____ Group: _____

Cell No. _____ NIC No: _____

Address: _____

School Name: _____

Subject: (1) _____ (2) _____

(3) _____ (4) _____

Total Amount: _____

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 personally subject to surrender of old marksheet.
(5) Answer scripts will not be shown to the student/applicant in any case.

Recipient's Signature   Signature of Student
& Stamp