



Examination Section

BITM/ES-03: Application Form for Scrutiny

Date: _____

1. Full Name: _____ 2. Roll No: _____
3. Branch: _____ 4. Contact No: _____
5. Examination related to which scrutiny of answer scripts sought:

Examination: END / NC / SS /Backlog /Additional		Year:	Month:	Semester:
S.N.	Subjects/Papers	Marks obtained in Mid Semester		Final Grade

6. Payment Method : (SBI Collect/ Account Office/ Demand Draft) (*Fee for scrutiny is ₹ 100.00 per paper*)

Demand Draft/ Receipt/ Reference No: Issuing Bank/Institute Name: Date:

I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I shall abide by scrutiny rules of the institute.

Signature of Applicant

*HOD/In-charge/Director
(Extension Center/Offshore Campus)*

For Office Use Only

The above application for scrutiny of answer scripts is completed and the following has been found.

- There is no change. The revised marks/grade are as under

Examination: END / NC / SS /Backlog /Additional		Year:	Month:	Semester:	
S.N.	Subjects/Papers	Marks obtained in Mid Semester	Previous Grade	Revised Marks (Mid + End Semester)	Revised Final Grade

Controller of Examination