

## REQUEST FOR SCRUTINY OF FINAL EXAMINATION

To,  
**Controller of Examinations**  
KIET

Name: \_\_\_\_\_

STD ID: 

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Semester:    Spring     Summer     Fall

Class ID	Course Name	Faculty Name

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Class ID	Course Name	Faculty Name

### 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	