

SIR SYED UNIVERSITY OF ENGINEERING & TECHNOLOGY

(EXAMINATION DEPARTMENT) APPLICATION FORM FOR THE SCRUTINY OF RESULTS

I request for the scrutiny of results for the following course (s) of semester __, Examination Session **Spring 202_/Summer 202_/Fall202_**

S.No	Course No	Course Title	Semester	Sessional Marks	End Semester Exams Marks	Total Marks	Grade	Teacher's Name
1.								
2.								
3.								
4.								
5.								

Name		Father's Name	
Roll No		Cell No	Email

Number of course (s) to be scrutinized: _____

Note: Application will only be accepted if submitted within 15 days of the announcement of result.

Signature of Applicant

Dated: _____

Please deposit scrutiny Fee @Rs 500/- (per course) along with this form & copy of relevant Semester Mark sheet.

FOR OFFICE USE

Step wise procedure of scrutiny

Course No	(i)There is no computational mistake in the grand total on the title page of the answer book.	(ii)The total of various parts of a question has been correctly made at the end of each question.	(iii)All totals have been correctly brought forward on the title page of the answer book.	(iv)No portion of any answer has been left un-marked.	(v)Total marks in the answer book tally with the marks sheet & award list.	(vi)The handwriting of the candidate tally in the questions/answer book.	Remarks/Decision

Note: a) The candidate or anybody on his behalf has no right to see or examine the answer books for any purpose.
b) The marks of a candidate could even decrease in light of (a) above. In the event of reduction of marks the record shall be corrected accordingly & revised transcript will be issued.

Remarks: _____

Examination Officer

Dy. Controller of Examinations

Controller of Examinations