

KING GEORGE'S MEDICAL UNIVERSITY U.P, LUCKNOW-226003 (INDIA)

SCRUTINY FORM*

Courses (MBBS/BDS/BSc Nursing)

Roll No.	
Enrolment No.	

To,
The Controller of Examinations,
 K.G. Medical University U.P.
 Lucknow.

Sir,
 I request you for scrutiny of my marks obtained Theory Answer Book for subject(s) mentioned below:

University/College.....

Name of Candidate.....

Father's Name

Course.....Professional / Year.....

Subject(s):-

1..... 2.....

3..... 4.....

5..... 6.....

Signature of Candidate

For Office Use only

Subject(s)	Paper	Part	Bar Code	Marks Before Scrutiny	Total	Marks After Scrutiny	Total	Any Change in Result of Subject(s)	Any Change in Result of Professional Exam.	Remarks

Signature of Scrutinizer (1).....(2).....(3).....

Officer I/C Result

Controller of Examinations

***Important Note:** (i) Prescribed fee for scrutiny of marks of each subject is Rs 500/-
 (ii) No application for scrutiny of marks shall be entertained unless it made within 15 days of publication of result.
 (iii) Candidate is required to deposit this form in the office of COE duly filed in within prescribed period along with fee receipt of the amount deposited and original mark sheet, failing which it will not be accepted.
 (iv) **Ambit of scrutiny:** Marks will be totaled and if any answer of a question or part of it is inadvertently not evaluated, it will be evaluated. Any such change will be communicated to the student.