

SWAMI RAMA HIMALAYAN UNIVERSITY

Swami Ram Nagar, Jolly Grant, Dehradun - 248016

APPLICATION FORM FOR SCRUTINY OF ANSWER SHEETS				
(i) Student's Details			ate	/
Name of Student				
Enrolment No.	S R H U		gistration No.	D D
Course			Prof./Year	
Examination	Month		ar	
Subject(s) for	1.			
	2.	6.	5.	
Scrutiny	3.			
	4.			
Note:			Forwarded to C	Controller of Examination
i) Application for scrutiny must be submitted within fortnight of declaration of result. ii) There is no provision for re-evaluation of				
Answer scripts, but	only re-totaling.	(Student's Signature)	Dean	Principal (HIMS/HCN)
(ii) Fee Details				
(For the Use of Accounts Section Only)				
Requisite fee				
(Fee * No. of	*	=		
Subject(s))			(Accounts Section)	
(iii) Result of Scru	ıtiny			
(For the Use of Controller of Examination Office Only)				
Report of Scrutiny by Tabulator			Name	
			Signatu	re
Comments/ Report of Controller of Examination				ontroller of Examination)