

**Office of Controller of Examinations**

**APPLICATION FOR VIEWING THE ANSWER SCRIPTS**

Name:

Register Number:

Programme and Branch:

Month and Year of Examination:

S. No.	Semester	Course Code	Title of the Course

Amount of Fees Paid:

Receipt No. & Date:

Signature of the Student

Recommendations

Tutor

Dean / Director / HOD

Controller of Examinations

\*Enclose the Original Receipt