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| **bitlogo****Examination Section** |  |  **Birla Institute of Technology, Mesra** Ranchi-835215, Jharkhand, India Email: coe@bitmesra.ac.in Phone: 0651-2275138 (Extn-4483) |

 |  |
| ***BITM/ES-03: Application Form for Scrutiny*** |

 Date:

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Examination related to which scrutiny of answer scripts sought:

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| Examination: END / NC / SS /Backlog /Additional Year: Month: Semester: |
| S.N. | Subjects/Papers | Marks obtained in Mid Semester | Final Grade |
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1. Payment Method : (SBI Collect/ Account Office/ Demand Draft) ***(Fee for scrutiny is ₹ 100.00 per paper)***

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| Demand Draft/ Receipt/ Reference No: Issuing Bank/Institute Name: Date: |

 I hereby declare that the particulars furnished above are true to the best of my knowledge and belief. I shall abide by

 scrutiny rules of the institute.

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|  | ***Signature of Applicant*** ***HOD/In-charge/Director*** ***(Extension Center/Offshore Campus)*** |

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| *For Office Use Only* |

 The above application for scrutiny of answer scripts is completed and the following has been found.

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|  | There is no change. |  |  | The revised marks/grade are as under |

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| Examination: END / NC / SS /Backlog /Additional Year: Month: Semester: |
| S.N. | Subjects/Papers | Marks obtained in Mid Semester | PreviousGrade | Revised Marks(Mid + End Semester) | RevisedFinal Grade |
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 ***Controller of Examination***