KAZI NAZRUL UNIVERSITY

UG Post Publication Review/Scrutiny Form

Review		Scrutiny	

[Tick whichever is applicable any one]

Stream			
Examination		Year	

NAME **(in block letter)**	

Reg. No.										of 20____ - 20_____

Roll.									NO				

Paper Code		Paper Name
1		
2		
3		
4		
5		
6		

(Attach Photocopy of the grade card)

Permanent address of candidate	
Contact No. of candidate	

Date :

Place :

_____
Signature of the applicant in full

Forwarded to Controller of Examinations, Kazi Nazrul University

_____
Principal/Teacher in Charge (with seal)

_____
Date