

Application Form for Verification of Examination Marks & Grades**University: Gampaha Wickramarachchi University of Indigenous Medicine****1. Details of the Candidate**

Name of the Candidate			
Registration No.		Contact No.	
		Email	
Level		Semester	

2. Assessment(s) to be verified

End-Semester Examination	Course Code	Name of the Course	Grade Received

Total amount paid Rs. to Shroff Counter of University / Acc.No - 333100110000059 - People's Bank, Yakkala Branch (At the rate of Rs. 500/- per Course unit/ Subject/ Examination) (Original receipt should be attached)

Date:

.....
Signature of the Candidate***FOR OFFICE USE*****Results after Verification**

End-Semester Examination	Course Code	Marks Received	Grade Received	Changed/ Not Changed

Name and Signature of Verification Board Member**Date of Verification:**

Name	Designation	Signature

Note: In the case of final examination relevant minutes of the Special Result Board and the Senate must be attached.