



उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय, सैफई, इटावा

Uttar Pradesh University of Medical Sciences,

Saifai, Etawah- 206130 (www.upums.ac.in)

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**APPLICATION FOR SCRUTINY**

(समस्त विवरण अंग्रेजी के कैपिटल लेटर्स में लिखा जाये)

Name	
Fathers Name	
Roll No.	
Enrollment No.	
Examination	(Month.....Year.....)
Course	
Mobile No.	
Email ID	

Details of paper in which candidate wants to get scrutiny done (mention clearly):

S No	Subject	Paper	Paper Code
01			
02			
03			
04			
05			

**Note:**

1. Scrutiny means the re-totaling of marks and evaluation of answer if it is unchecked
2. Scrutiny is allowed only in 50% of total number of subjects
3. Students should attach photocopy of mark sheet / Result photo copy.
4. Fee receipt of Rs. 300/- (Three Hundred Only).

Signature of Candidate

Signature of HOD

Signature of Dean (Faculty of .....)

**Account Section**

A sum of Rs..... (Amount in words.....), received from  
.....course.....year..... for the scrutiny.

Signature of Accountant/ Account Officer

**Examination Office**

Scrutiny form received from.....course.....year on  
dated:.....

Signature of office personnel