APPLICATION FORM (30 cm x 20 cm)

A separate application should be submitted in respect of each subject applied for.

G. C. E. (O/L) EXAMINATION - 2018 APPLICATION FOR RE-SCRUTINY OF RESULTS

01. (i)		r	(;;) г								
	Subject Number & Subject to be re-scrutinized	Reference No. (For office use only.)	(ii)		Index Number						
(iii)	Grade obtained:	(iv) Mediun	n:								
(v)	Name of the Examination Center:			••••••	•••••	•••••	•••••	• • • • • •	•••••	•	
02. (i)	Name of candidate: Rev./Mr./Mrs./Miss (with initials)										
(ii)	Private address:										
(iii)	N. I. C. No.:	(iv) Telephone	No.:]	
03.	Are you a school candidate? Yes	No									
04.	Information about the receipt of payment of (i) Receipt No.:	. (ii) Date:									
05.	Please paste firmly overleaf the receipt for post the above receipt with you. Applications							otoc	ору		
06.	Declaration by the candidate:										
	I do certify that the above particulars furnished by me are correct. I am aware that this application could be rejected in the event of furnishing incorrect information. I agree to be bound by the rules pertaining to re-scrutiny of results and to accept an upward or a downward revision of marks and grade as a result of re-scrutiny.										
	Date			Signat	ure o	f Ca	ndid	late	•••••		
07.	Principal's certification for school candidates:										
	I do certify that the above candidate is a pupil of my school and the Subject Number and Subject, Index Number Grade obtained, Medium and the Name of the Examination Center given here are correct according to the results schedule and that the original receipt obtained for payment of fees is pasted overleaf.										
	Official Stamp:		Sig	gnature	of Pr	inciĮ	 pal &	 È De	nte		

- Note: 1. Private candidates should complete the Sections from 01 to 06 only.
 - 2. Please send your applications by registered post to the Commissioner General of Examinations, National Evaluation & Testing Service, Department of Examinations Sri Lanka, P.O. Box 1503, Colombo.