GENERAL SIR JOHN KOTELAWALA DEFENCE UNIVERSITY
FACULTY OF MEDICINE

APPLICATION FORM FOR VERIFICATION OF EXAMINATION MARKS
Applicable only for Second MBBS, Third MBBS and Final MBBS Examinations)

1. Details of Candidate

Name of Candidates	
Intake	
Exam Number	

2. Details of the examination result to be verified

Name of Examination	Subject	Results

Total amount paid: Rs……………………………… (at the rate of Rs. 3000.00 per subject)
(Original receipt obtained from the Accounts Division, KDU should be attached)

Date:……………………..   Signature:…………………………..

FOR OFFICE USE ONLY

Results after Verification

Name of Examination	Subject	Results	Changed/ Not Changed

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

Name	Disgnation	Signature