

G. C. E. (O/L) EXAMINATION - 2016
APPLICATION FOR RE-SCRUTINY OF RESULTS

01. (i)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:35%;">Subject Number & Subject to be re-scrutinized</th> <th style="width:65%;">Reference No. (For office use only.)</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Subject Number & Subject to be re-scrutinized	Reference No. (For office use only.)			(ii)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="7">Index Number</th> </tr> <tr> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> <td style="width:10%; height: 20px;"></td> </tr> </table>	Index Number													
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(iii) Syllabus: New Old (Tick (✓) the relevant box.)

(iv) Grade obtained: (v) Medium:

(vi) 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 Rs. 200/- (Rupees two hundred):

(i) Receipt No. : (ii) Date:

(iii) Post Office /Sub Post Office:.....

05. Please paste firmly overleaf the receipt for payment of fees obtained from the Post Office. Keep a photocopy of the above receipt with you. Applications which do not carry the original receipt will be rejected.

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

.....
Signature of Candidate

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, Syllabus, 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:

.....
Signature of Principal & Date

- 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.**



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