

**Ahsanullah University of Science and Technology (AUST)**  
**Office of the Controller of Examinations**  
**Answer Script Re-scrutinizing Form**

Date of Application:

Date of Result Publication:

(Application must be submitted within **seven** working days after the result publication date)

1. Name of the Applicant:

2. Registration No.:

3. Department/School:

4. Student's year		Student's Semester	
-------------------	--	--------------------	--

7. Contact Number:

8. Examination Type:	Final	Carry	Improvement	Others	Semester:	Spring	Fall	
----------------------	-------	-------	-------------	--------	-----------	--------	------	--

10. Re-scrutinizing Course details:

Course No.	Course Title	Year	Semester	Earned Grade

12. Re-Scrutinizing fee: Tk. 500.00 (In word: Five Hundred only)  
(Attach the Original copy of payment slip)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Controller of Examinations

Copy for necessary action forwarded to:

Name of assigned Re-Scrutinizer:

\_\_\_\_\_  
Head of the Departments/School

Comments of Re-Scrutinizer:	
-----------------------------	--

Signature of Re-Scrutinizer:		Date:
------------------------------	--	-------