



**Nāgānanda International Institute for Buddhist Studies**  
**Faculty/ School of .....**

**Application for Re-examination of Examination Results of the Academic Courses**

1. Name of Degree Course: .....
2. Name of Student: .....
3. Registration Number: .....
4. Telephone Number: .....
5. Email Address: .....
6. Details of Subjects for which re-examination is requested

Examination / Semester	Unit/ Module Code	Name of the Course Unit / Module	Result already given

7. Relevant Payment Receipt Attached No: Rs. 1000/= per subject.

I am kindly requesting you to re-examine the results of the subjects mentioned above.

.....  
Signature

.....  
Date

Please note -

Only the total marks will be re-examined

- Re-examination of Results Applications should be completed within 10 days of the release of the examination results and submitted to the Faculty Office with the payment receipt attached.
- It is mandatory to fill out the relevant application correctly and attach the relevant payment receipt. Incomplete applications will be rejected without notice. Payment can be made by visiting the institution or online. **(Account No 0207 1000 0760 - Sampath Bank - Makola Branch)**

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For office use only

1. Exam Number: .....
2. Name of the applicant: .....
3. Number of subjects to be re-examined: .....
4. Number of marks: Before and after re-examination

	Course Unit/Module	First Mark	Second Mark	Average of marks
Before re-examination				
After re-examination				

5. Final decision

No change has been made to the above marks/ The above marks have been changed.

Reason for this Decision is .....

6. Those who participated in the re-survey

Management Assistant .....

Signature .....

Date .....

Management Assistant .....

Signature .....

Date .....

7. Signature of the Registrar of the Examination Division .....

Date .....

The applicant was informed of the final decision on the ..... (Date)

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Management Assistant

.....

Date

.....

Assistant Registrar

Examination Division

.....

Date