Notice Regarding Requests for Recorrection and Scrutiny of Answer Scripts: Pharmacy Examination

1. The Ceylon Medic scrutiny of answer	_	e Council has approved the following rates for recorrection and
Recorrection	•	per Rs 1500/=
Scrutiny, p		Rs 1000/=
(Scrutiny means of	nly adding	g up marks a second time)
2. Use the following	form for a	applications, and do not write rambling stories
Name of ap	oplicant:	Surname:
		Initials:
• Month/Yea	ar of exam	ination:
• External or	· Internal:.	
• Index (example)	m) number	r:
• Colombo	or NIHS (1	for Internal only)
• Papers: Re	-correction	n Scrutiny only
(i)		
(ii)		
(iii))	
(iv)		
• Applicant's Addre	ss & Cont	tact No:
• Applicant's NIC N	Jo:	
• Closing Date: 27 th	Septembe	er 2021
-		of People's Bank to the credit of Ac No 167-1-001-2-0020892 with receipt via email (cmcc.ext@gmail.com)
		Applicant's Signature