

Advanced Technological Institute – Gampaha

..... Year Semester Examination 20.....

(Period :)

First Marking of Answer Scripts

SNo	Packet Number	Attempt	No of Marksheets	No of Scripts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Number of Answer Scripts Marked				

Name / Signature / Date
Marking Examiner

Name/ Signature / Date
Head of the Department

Checked By
Subject MA

Recommended By
Registrar

Approved By
Director

Note : Please attach this to the voucher

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Moderation of Answer Script Packets

SNo	Packet Number	Name of the Marking Examiner	Number of Scripts in the Packet	Number of Scripts Moderated
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Number of Answer Script Packets Moderated				

Name / Signature / Date
Moderator

Name/ Signature / Date
Head of the Department

Checked By
Subject MA

Recommended By
Registrar

Approved By
Director

Note : Please attach this to the voucher