

**Acknowledgement of checked answer script receives**

Office of the Controller of Examinations  
Leading University, Sylhet

Sl No:

Name of Faculty:

Date:

Designation:

Department:

Sl. No	C. Code	Course Title	Name of exam.	Sem./ Year	No of Scripts
1					
2					
3					
4					
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7					
8					
9					
10					

**Section Officer**

Office of the Controller of Examinations

**Signature of Faculty**