Job No. (to be completed by OES)

For Self-Financed Programme in the Faculty of Medicine



Prof./Dr./Mr./Ms.
Requested By:

Department:

Surname

Job Request Form



Optical Scanning Services - MCQ Exam & Student Evaluation of Courses & Teachers

(Please fill in BLOCK Letter)

Telephone No.:

Email Address:

Given Name

Endorsed By:		Date Sent:		D/	M /	Y
(Chairman of Department / Head of Unit)	Date Required : D/M /Y					
Part A: Optical Scoring & F	Reporting for MCQ	Exam				
Title of Programme:						
Name of Programme Director:						
Charges: (§						
 a. Man hour¹: \$780 per h b. Cost of paper per sheet 						
For Official Use (to be completed by OES):			Company Code:			
No. of Sheets Used:	Man Hour(s):		Cost Centre:			
			Account Code:			
Part B: Printing & Optical S Title of Programme: Name of Programme Director: Charges: a. Man Hour ¹ : \$780 per h			n of Cour	rses & Te	achers	
b. Cost of paper per sheet		y~ τ' ~ ~)				
For Official Use (to be completed by OES):			Company Code:			
No. of Sheets Used:	Man Hour(s):		Cost Centre:			
			Account	Code:		