APPEAL FORM FOR RECHECKING OF FUNCTIONAL COMPETENCY ASSESSMENT (WRITTEN)

1. Name : …….
2. Citizenship Identity Card No: …….
3. Marks obtained in FCA :……..
4. Test Center :……
5. Re-checking shall be limited to verifying:
   a. Whether all parts of the answer script have been marked;
   b. Whether the marks have been totalled correctly;
   c. Whether the marks have been consolidated correctly; and
   d. Whether the final result has been recorded accurately.

   Note: Re-checking does not include reassessment or re-evaluation of the answers

(Signature of candidate)

Date of application:

Contact Number:

You may send the appeal form to the address provided below:

Email: *spenjor@ecb.bt*
Contact: *17839128*