APPLICATION FORM FOR RECHECKING/RE-TOTALING OF ANSWER BOOKS
(Fee Rs. 300/- Per Script)

Fill in this form legibly in CAPITAL BLOCK LETTERS in your own handwriting. Incomplete Forms or Forms containing incorrect information will not be entertained.

Roll Number | Examination | Annual/Supply | Date of Declaration Results
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Name of Candidate: _____________________________________________________________
Father’s Name: ________________________________________________________________
Phone/ Cell No: ________________________________________________________________
Center of Examination: __________________________________________________________

SUBJECT(S) WHICH ARE DESIRED TO BE RECHECKED

<table>
<thead>
<tr>
<th>Subject</th>
<th>Papers</th>
<th>Marks Obtained</th>
<th>Total Marks</th>
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Fee of Rs.________________________ (Rupees)______________________________________
Deposited vide Receipt No____________________ Dated_______________________________
In HBL Branch______________________________________________________________

Justification for Rechecking

NOTE:

1. Rechecking is allowed within a Period of Fifteen days (15) days after the declaration of result.
2. No Rechecking is allowed for the Practical/Viva Voce/Project/Thesis Examination.
3. In case of change of result, revised DMC will be issued on return of the old DMC.
4. Rechecking will be notified within 15 days after the closing date.
5. Attested copy of DMC and original receipt be attached with this form.

Signature of Student

(For office use only)

Status of the application:

Dy. Controller of Examinations (S)  Controller of Examinations