



SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

**APPLICATION FORM FOR
RECHECKING/RE-TOTALING OF ANSWER BOOKS**

(Fee Rs. 1000/- 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

Name of Candidate: _____

Father's Name: _____

Phone/ Cell No: _____

Center of Examination: _____

SUBJECT(S) WHICH ARE DESIRED TO BE RECHECKED

Subject	Papers	Marks Obtained	Total Marks

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