



UNIVERSITY OF CHITRAL

APPLICATION FORM FOR RE-CHECKING / RE-TOTALING OF ANSWER BOOK

Re-checking / Re-counting Fee =Rs.1500/- Per Script

(Office Use Only)
Form No. _____
Date ___/___/___

INSTRUCTIONS:

- (a) *Separate Form should be used for each paper / answer-book.*
- (b) *Rechecking / Recounting is allowed within Twenty-one (21) days after the declaration of Result.*
- (c) *No rechecking is allowed for the Practical / Viva Voce / Project / Thesis Examination.*
- (d) *Rechecking is allowed to those who fail by NOT MORE THAN FIVE (5) MARKS.*
- (e) *You may enquire from the Secrecy Section / Exam Section University of Chitral, Using Proper Receipt, if you not receive reply in a month.*

Fill in this form in CAPITAL LETTERS in your own hand writing. Incomplete Form or form containing incorrect information will not be entertained.

Roll No.	Examination	Year of Examination	Annual / Supply	Date of Declaration of Result

1. Name of the Candidate _____
2. Father's Name: _____
3. Center of Examination _____

Subject(s) / Paper(s) which are desired to be rechecked / recounted:

Subject / Papers	Marks Obtained	Total Marks

Fee of Rs. _____ (Rupees _____ only)
deposited vide Bank Slip No. _____ Dated _____ 20__ in BOK (Branch) _____

Justification/Reason for Rechecking / Retotaling:

Signature of the Applicant _____

✂-----

(ACKNOWLEDGEMENT SLIP)

Name _____ Exam attended _____ Year _____ (A/S) Roll No. _____
deposited Rechecking / Recounting fee for Rs. _____/- (Rupees _____ only)
and his form entered in the register vide Serial Number _____ Dated _____

Signature of Dealing Official _____