



# QUAID-I-AZAM UNIVERSITY, ISLAMABAD

APPLICATION FORM FOR RECHECKING OF ANSWER BOOK(S)  
(Office of the Controller of Examinations)

Form No. \_\_\_\_\_  
*(For office use only)*

1) Examination: ..... Annual/Supplementary, 20..... Roll Number: .....

2) Registration No.: 

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3) Name of Candidate:  
(IN BLOCK LETTERS)  


4) Father's Name:  
(IN BLOCK LETTERS)  


5) Date of Result Declaration: 

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6) Mention Subject(s)/Paper(s): i ..... ii .....  
(For which rechecking applied) iii ..... iv .....  
v ..... vi .....  
vii ..... viii .....

7) Name of the College: .....

8) Fee Deposited:  
Amount: ..... Bank Challan No.: ..... Date: .....  
Bank Branch: .....

9a) Postal/Residential Address: .....

9b) Contact Nos.: (Cell) 

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 (Home) 

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- 10) Regulations/Instructions:
- i. Fill the application form yourself in your own handwriting. The form must be attested and forwarded through the College Principal.
  - ii. Rechecking doesn't mean re-assessment or re-evaluation of the answer book.
  - iii. The application form must reach to the office of the Controller of Examinations (ICT Annual Examination Section) within 20 days from the date of result declaration.
  - iv. Rechecking fee Rs.1000/- per paper.
  - v. Amount should be deposited in a campus bank branch of Quaid-i-Azam University or in the form of pay order in favour of the Treasure, QAU.
  - vi. Following documents must be attached with the form:
    - a. Photocopy of result card.
    - b. Original bank receipt/pay order of the fee.
  - vii. I have read and understood the entire contents of the "Regulations/Instructions".

Date: ..... Candidate's Signature: .....

11) Remarks of the Principal: \_\_\_\_\_



Name & Principal's Signature: .....

Dated: 

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<small>D</small>	<small>D</small>	<small>M</small>	<small>M</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>		

**(Rechecking Form Receipt)**

Rechecking Form No: \_\_\_\_\_  
Roll#: \_\_\_\_\_ Registration# \_\_\_\_\_ Examination: Annual/Supply  
Name: \_\_\_\_\_ S/D/O \_\_\_\_\_

Dated: \_\_\_\_\_

Signature of Dealing Person