



Shuhada-e-APS University of Technology, Nowshera

Application Form for Rechecking/Retotaling of Answer Scripts

Student's Name: _____ Father's Name: _____

Department: _____ Student's Reg. No: _____

Examination (Fall/Spring/Summer): _____ Year _____ Student's Cell No: _____

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

S.No	Course Title	Grade Obtained	Comments and Signature of the Instructor
1			
2			
3			
4			

* Use another copy of this form for writing additional courses.

Justification for rechecking:

Fee payment receipt is attached: **Yes/No**

I declare that I have read and understood the instructions given on the next page, and all the information provided by me in this form is correct to the best of my knowledge.

Date of Submission: _____ Student's Signature: _____

Instructions:

- Fill in this form legibly in CAPITAL BLOCK LETTERS in your own handwriting.
- Incomplete Form or Forms containing incorrect information will not be entertained.
- Rechecking is allowed within a Period of seven (07) days after the declaration of result.
- No Rechecking is allowed for the Practical/Viva Voce/Project/Thesis Examination.
- The student has to submit the form to the examination section before the deadline. Late submissions of forms will not be entertained.
- Student concerned will be responsible for any misinformation provided in this form.
- Student has to deposit a rechecking fee of Rs. 350/- per paper in UBL Account No: 0109000221422964.
- Registration fee once deposited is not refundable, adjustable or transferable.