UNIVERSITY OF THE PUNJAB

APPLICATION FORM FOR RECHECKING OF THE ANSWER BOOKS
OR COMPILATION OF RESULT

No: _ _ _ _ _ _ _ _ _ A.S.I. Dated : _ _ _ / _ _ _ / 20_ _ _

To,

The Vice Chancellor,
University of the Punjab,
Lahore.

Sir,

I beg to apply for re-checking of my result. My particulars are given below.

1	Examination:		Annual/Supply:	20 _ _ _
2	Roll Number:		Registered Number:	
3	Name (IN BLOCK LETTERS):			
4	Father's Name (IN BLOCK LETTERS):			
5	Date of Declaration of Result:			
6	Subject(s) / Paper(s) for which checking is applied for:			
7	Name of the Institution/District from which appeared:			
8	Amount paid:		Bank Branch:	
	University Bank Challan No and date under which fee was paid:		Date:	

Regulations:

The Vice-Chancellor or an officer authorized by him may on receipt of an application in the prescribed form accompanied by prescribed fee (deposited in authorized bank) addressed to the Vice-Chancellor satisfies himself that:

1. *The result of the applicant has been correctly compiled and declared (this will include checking of answer-books, award lists and result sheets; [provided that it will not include re-evaluation of the candidate's answer book].*
2. *The application (duly filled in along with fee) for rechecking must be received within 30 days from the date of declaration of result in the office of Controller of Examinations.*
3. *Enclose Original Bank Challan and photocopy of Result Card.*

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein, I shall be responsible for the consequences. I have attached all the required documents. I have read the regulations and shall abide by them.

Yours Obediently,

Signature: ……..

Current Address for Correspondence:

Name:	Name:
Address:	Address: Cell No: