



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

Fill in CAPITAL BLOCK LETTERS in your own handwriting. Incomplete Forms or Forms containing incorrect information will not be entertained.

Roll No. _____

Name of Candidate: _____ Registration No. _____

Father's Name: _____

Name of Examination: _____

Department/Discipline: _____

SUBJECT(S) WHICH ARE DESIRED TO BE RECHECKED

S.No	Semester/year	Papers	Marks Obtained	Total Marks

Fee of Rs. _____ (Rupees) _____

Deposited in the Account Section of Women University Mardan, Receipt No. _____

Dated: _____ for the Purpose of Rechecking of Answer Books.

Justification for Rechecking

NOTE:

1. Rechecking is allowed within a Period of One Week after the declaration of result.
2. No Rechecking is allowed for the Practical/Viva Voce/Project/Thesis Examination.
3. Rechecking is only allowed who fails by NOT MORE THAN FIVE(5) MARKS.

Signature of Student

Address: _____

Cell No. _____