

APPLICATION FORM FOR RECHECKING OF THE ANSWER BOOK(S)

To,

Controller of Examination,

TIMES Institute,

Multan.

Verified By

Accounts Officer

I request to get my following paper(s) recheck under the rules. My particulars are as under:-

1. Examination:	2. Program:
3. Batch:	4. Semester:
5. Result Declaration Date:	
6. Student Name:	
7. Father's Name:	8. Registration No
9. Subjects / Papers:	
i	iv
ii	V
iii.	vi
10. Contact No for Correspondence:	
11. Receipt No 12. Amount Pa	id:13.Payment Date:
Signature:	Date of Submission: = _
Important Instructions: I. Prescribed rechecking fee is Rs. 3000/- per paper. ii. Incomplete form shall not be entertained. iii. Attach original Rechecking paid receipt with this form.	

Approved By Controller of Examinations