



WOMEN UNIVERSITY, SWABI

APPLICATION FORM FOR RECHECKING/RE-TOTALING OF ANSWER BOOKS. (RS.1500)

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

Name of Candidate: _____

Father's Name: _____

University Registration No: _____

University Enrollment No: _____

Main Campus/College/ Centre of Examinations: _____

Examination (BS/Master)	Degree Programme	Fall/Spring/ Summer	Session	Result Declaration Date

SUBJECT(S) WHICH ARE DESIRED TO BE RECHECKED

Course Code	Subject / Course Name	Course Credit Hours	Semester	Marks Obtained	Total Marks

Fee of Rs. _____ (Rupees) _____

Deposited Vide Women University, Swabi main campus/UBL Receipt No/Bank Draft _____

Dated: _____ in the name of Treasurer Women University, Swabi for the Purpose of Rechecking of Answer Books.

Justification for Rechecking

IMPORTANT NOTE:

1. Rechecking is allowed within a period of Fifteen (15) days after the declaration of result.
2. No Rechecking is allowed for the Practical/Viva Voce/Project/Thesis Examination.

Signature of Student

Address: _____

Cell No. _____

Attestation from Concerned Head of Department

Signature.....

Name.....

Office Seal.....