University of Kamalia

UNIVERSITY OF KAMALIA

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Phone No. 046-3411194

Email: exam.office@ukm.edu.pk

Application Form For Re-Checking of Answer Sheets

End-Semester Examination (Spring / Fall / Summer 20___)

Name of Student: _____

Father's Name: _____

Department: _____ Program Title: _____

Registration No.: _____ Roll No.: _____

Session: _____ Semester: _____Contact No: _____Shift: (Morning/ Evening)

Amount Deposited: _____Vide Challan #_____Dated: _____

Fill the following carefully:

Sr. No.	Subject Code	Subject Title	Paper Held on	Teacher's Name

Instructions

1) Deposit fee Rs.2000/- per subject/course on the prescribed challan form and attach the same.
2) An application form shall be entertained only if it is complete in all respect and received in the office within due date.
3) a. The answer sheet of a student will not be re-assessed under any circumstances.
   b. Whereas the re-checking does not mean re-assessment or re-evaluation of the script, re-checking members shall assure that:
      i) There is no mistake in the grand total on the title page of the answer sheet.
      ii) The total of all parts of a question has been correctly made at the end of each question.
      iii) All totals have been correctly forwarded on the title page of the answer sheet.
      iv) No portion of any answer has been left un-marked.
      v) Total Marks in the answer sheet tally with result/award list.
      vi) Answer sheets have not been replaced.

   c. No body on the behalf of student has the right to see or examine the answer sheets for any purpose.
   d. The marks of a student could even decrease. In the event of reduction of marks, the record shall be corrected accordingly and revised result will be notified.

I have read the above-mentioned instructions and assure to abide by the rules.

Signature of Student