

The Controller of Examination

PAF-IAST Haripur.

Subject: Application for Rechecking.

It is requested that kindly recheck my Answer Booklet/ Final submission of End Semester Exam _____ . I have deposited the requisite fee for Rs _____ By Receipt No _____ Dated _____ in the account title "Examination Receipt Account" of this institute. My particulars are given below.

Name of the Applicant _____

Father Name _____ Registration No _____ Semester _____.

Email ID _____ Contact No _____.

Mention courses with code:

Sr. No	Course Code & Name	Awarded Grade

Applicant's Sign with date

HoD (Remarks).

Dean (Remarks).

For office use only:

Sr. No	Course Code & Name	Awarded Grade	Change Grade if any

Secretary Rechecking Committee