

**MIRPUR UNIVERSITY OF SCIENCE & TECHNOLOGY (MUST),
MIRPUR AZAD JAMMU & KASHMIR**



CONTROLLER OF EXAMINATIONS

Application Form for Re-Checking of the Answer Book/Result

To,

The Controller of Examinations,
Mirpur University of Science & Technology (MUST),
Mirpur, Azad Jammu & Kashmir.

Subject: Application of Re-Checking of the _____

Sir,

With reference to the subject cited above, I want to apply for re-checking of my Answer Book/Result _____ declared on _____.

Following are my details for re-checking.

1. Name: _____
2. Father's Name: _____
3. Examination: _____
4. Degree Program: _____ 5. Year: _____
6. Roll No.: _____ 7. Registration No.: _____
8. Subject/Paper for which re-checking is applied: _____
9. Name of Department/Faculty/Institution from which appeared _____
10. Amount Paid: _____ 11. Bank receipt No. and date of fee paid.: _____
11. Remarks (please write any additional information, which may help in rechecking of paper):

Signature: _____

Full Address: _____

Contact No: _____

Remarks of the officer attesting the form: _____

Signature and stamp of attesting officer

REGULATIONS

- The Controller of Examinations or an officer authorized by him may receive an application in the prescribed form addressed to the Controller of Examinations accompanied by the prescribed fee (deposited in authorized bank) _____ per paper.
- The application (duly filed along with fee) for rechecking must be received within 15 days from the date of declaration of particular result.
- The attested photocopy of candidate National Identity Card, photocopy of University student Identity card (if issued) and photocopy of result card must be enclosed with application.