



SHAHEED ZULFIQAR ALI BHUTTO
MEDICAL UNIVERSITY
EXAMINATIONS DEPARTMENT

APPLICATION FOR RECHECKING

1. Name of Applicant (in block letters) _____
2. Father's Name (In block letters) _____
3. Examination _____ Part _____ Annual/Supplementary 20 _____
4. Roll No. _____ Registration No. _____
5. Subject (s) Papers (s) for which rechecking is applied for _____

6. Name of Institute: _____
7. Amount Paid: _____
8. Bank Challan No: _____
9. Attested Copy of DMC of relevant Examination.

Remarks of the Principal

Name and Signature of the principal (with stamp)

Note:

1. The purpose of "rechecking" is only to verify: (1) Totals have been rightly brought forward. (2) No portion of any answer has been left unmarked. (3) The marks of each and every question have been correctly recorded on the title page and there is no mistake in the grand total. (4) Re-checking of an answer book does not mean re-marking.
2. Application on the prescribed form accompanied by a fee of Rs. 2000/- per subject shall be entertained if received within 10 days from the date of declaration of the result.
3. Application form received after the prescribed limit shall not be entertained under any circumstances
4. The answer of "rechecking" shall be dispatched to the office of the respective Principals within two weeks.
5. Rechecking Form is available on SZABMU website: www.szabmu.edu.pk

Signature of Applicant _____

Full Address postal address: _____
