



BAHAUDDIN ZAKARIYA UNIVERSITY, MULTAN

Application Form for Re-Checking of the Answer-Books or compilation of the Result.

To

The Vice-Chancellor,
Bahauddin Zakariya University,
Multan.

Sir,

I beg to apply for re-checking of my result.

My particulars are given below. My result was declared on _____

1. Name
2. Father's Name
3. Examination and the year
4. Roll No./Regd. No.
5. i) Name of the Subject.
ii) Group and paper for which re-checking is applied for.
6. Name of the Institution/District from which appeared.
7. Amount paid
8. University Receipt No. and date under which fee paid.

Signature: _____

Address: _____

Remarks of the principal/Officer attesting the admission form: _____

Principal,

Station _____ College _____

Dated _____

The Vice Chancellor or Officer authorised by him on receipt of an application in the prescribed form addressed to the Vice Chancellor and accompanied by a fee Rs. ~~700/-~~ ^{1500/-} (Re-Checking). Per paper satisfy himself that:

- a) The result of the applicant has been correctly compiled and declared (this will include checking of Answer-Books' Award-list and result sheets)
- b) The Answer-Books is in the hand-writing of the candidate himself. To facilitate the disposal of such applications, the following time limit has been fixed for the receipt and disposal of application.

Last date for the receipt of _____
 application on the prescribed _____
 form in the Office of the _____
 Controller of Examinations _____

with in 40 days from the date
 of declaration of the result.
 applications received after the
 entertained under any circumstances.

**For Office Use Only.
 Report of Examination's Branch.**

Examination _____

Subject _____

Papers	Original Roll No.	Marks	Fictitious Roll No.	Fic. Roll No. for Comparison of Hand - Writing

Certified that the result of Roll. No. _____ has been compiled and tabulated correctly on the basis of award-lists received from examiners and declared according to the result sheets.

D.C.E. (Tabulation)

A.C.E. (Tabulation)

A.O.T.

Asstt. Incharge

Tabulator

D.C.E. (Secrecy)

HBL

1

HBL

2

HBL

3

HBL

4

CR A/C NO : 12717900644001
FOR EXAMINATIONS ONLY

May be supplied with Admission Form
New Campus Branch B.Z. University, Multan.

Date _____

NAME IN BLOCK LETTERS

FATHER'S NAME:

FULL ADDRESS:

NAME OF EXAM: _____
I/II ANNUAL (Year _____) ROLL. Number _____

EXAMINATION FEE	Rs.	Ps.
REGISTRATION FEE		
LATE / DOUBLE / TRIPPLE FEE		
JURISDICTION FEE		
ALL OTHER DEPOSITS (Pl. Specify purpose also)		
TOTAL RS.		

Rupees (in words) _____

Bank CHALLAN _____

OFFICER _____

CASHIER _____

CR A/C NO : 12717900644001
FOR EXAMINATIONS ONLY

To be given to depositor (for record only)
New Campus Branch B.Z. University, Multan.

Date _____

NAME IN BLOCK LETTERS

FATHER'S NAME:

FULL ADDRESS:

NAME OF EXAM: _____
I/II ANNUAL (Year _____) ROLL. Number _____

EXAMINATION FEE	Rs.	Ps.
REGISTRATION FEE		
LATE / DOUBLE / TRIPPLE FEE		
JURISDICTION FEE		
ALL OTHER DEPOSITS (Pl. Specify purpose also)		
TOTAL RS.		

Rupees (in words) _____

Bank CHALLAN _____

OFFICER _____

CASHIER _____

CR A/C NO : 12717900644001
FOR EXAMINATIONS ONLY

To be retained by the bank
New Campus Branch B.Z. University, Multan.

Date _____

NAME IN BLOCK LETTERS

FATHER'S NAME:

FULL ADDRESS:

NAME OF EXAM: _____
I/II ANNUAL (Year _____) ROLL. Number _____

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LATE / DOUBLE / TRIPPLE FEE		
JURISDICTION FEE		
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TOTAL RS.		

Rupees (in words) _____

Bank CHALLAN _____

OFFICER _____

CASHIER _____

CR A/C NO : 12717900644001
FOR EXAMINATIONS ONLY

To be sent to the Treasurer B.Z. University Multan.
New Campus Branch B.Z. University, Multan.

Date _____

NAME IN BLOCK LETTERS

FATHER'S NAME:

FULL ADDRESS:

NAME OF EXAM: _____
I/II ANNUAL (Year _____) ROLL. Number _____

EXAMINATION FEE	Rs.	Ps.
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