SWEDISH COLLEGE OF ENGINEERING & TECHNOLOGY WAH CANTT
APPLICATION FORM FOR RECHECKING OF ANSWER BOOK(S)
(Office of the Controller of Examinations)

1) Semester : Fall/Spring/Summer 20…….

2) Registration No.: 

3) Name of Candidate: (IN BLOCK LETTERS)

4) Father’s Name: (IN BLOCK LETTERS)

5) Date of Result Declaration: 

6) Mention Subject(s)/Paper(s): i .......................... ii ..........................
   (For which rechecking applied)
   iii .......................... iv ..........................
   v .......................... vi ..........................
   vii .......................... viii ..........................

8) Fee Deposited: 
   Amount: .......... Receipt No.: ............... Date: .......... 

9) Contact Nos 
   ....................................................

10) Regulations/Instructions:
   i. Rechecking doesn’t mean re-assessment or re-evaluation of the answer book.
   ii. The application form must reach to the office of the Controller of Examinations within 12 days from the date of result declaration.
   iii. Rechecking fee Rs.500/- per paper.
   iv. Amount should be deposited in a College Account Office.
   v. Following documents must be attached with the form:
      a. Photocopy of result card.
      b. Original bank receipt/pay order of the fee.
   vi. I have read and understood the entire contents of the “Regulations/Instructions”.

Date: ............... Candidate’s Signature.....................