



Sarhad University of Science & IT, Peshawar

APPLICATION FOR RECHECKING OF PAPER(S)

Name of Student: _____

Father Name: _____

Registration Number: _____ Roll Number: _____

Program: _____ Semester : _____

Name of Student Support Centre (if distant student): _____

Name of Examination: _____

Demand Draft or Online Receipt Number: _____ Amount Submitted: _____

Postal Address: _____

_____ Contact Number: _____

(Papers to be Rechecked)

1. Paper 1: _____

Reason of Rechecking: _____

2. Paper 2: _____

Reason of Rechecking: _____

3. Paper 3: _____

Reason of Rechecking: _____

4. Paper 4: _____

Reason of Rechecking: _____

5. Paper 5: _____

Reason of Rechecking: _____

Dated: ____ / ____ /20__.

Signature of the Applicant _____

(For Study Centre Use)

Signature and Seal of Centre Manager

(Recommended & Forwarded to SUIT Liaison Office)

Dated: ____ / ____ /20__.

Prescribed Fee:

Rechecking Fee: **Rs.1000/- (For Each Paper)**

(The reply will be sent to the concern Centre within a period of one week after the receipt of application to the Exam Section)

Important Note:

- **Mode of Payment DD or Online (Attach Slip).**
- Students can apply within one week after the declaration of result.

Controller of Examinations

Sarhad University of Science & IT

Landi Akhun Ahmed, Ring Road (Kohat-Hayatabad Link), Peshawar

Tel: +92-91-52390-34/35/45/46

(For Office Use)

Amount Received: _____

Dated: ____ / ____ /20__.

Signature and Seal of Accounts Officer SUIT:

(Recommended & Forwarded to Controller of Examinations)