Sarhad University
of Science & IT, Peshawar

Examinations / Result Complaint Form

Name of Student: _____

Father Name: _____

Registration Number: _____ Roll Number: _____

Program: _____ Semester / Term : _____

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

Postal Address: _____

_____

_____

_____ Contact Number: _____

(Complaint Details)

1. _____
   _____
   _____
   _____
2. _____
   _____
   _____
   _____
3. _____
   _____
   _____
   _____

Dated:____/____/20___. ***Signature of the Applicant*** _____

(For Study Centre Use)

Signature and Seal of Centre Manager

(Recommended & Forwarded to Examination Section)

Dated:____/____/20___.

Instructions:

1. All Students should submit their Complaints through Centre and apply through proper channel.
2. Please attach copy of student ID Card.
3. Please attach the copy of result card, if complaint is regarding result. Students can submit their Complaint Form within one week after the declaration of result
4. The reply will be sent to the concern Centre within a period of one week after the receipt of application to the Exam Section.
5. Please attach support documents if applicable.
6. Extra page can be used if desired

The Application Should be sent directly to the following address

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