APPLICATION FORM FOR RE-CHECKING

To be filled by the candidate in his/her own handwriting.

Roll No. _____

1. Name in Full:

2. Father's Name:

3. Examination: _____ (Annual/Supplementary) 20_____ Date of Result _____

4. Candidate CNIC#:

5. Subjects(s)/Paper(s) for which checking is applied for: _____

_____

6. Name of the Institution: _____

7. Postal Address: _____
(All correspondence will be made on this address)

_____

8. Phone No: **(OFF)**_____ **(RES.)**_____ **(Mobile)** _____
(City Code - Phone No)

9. Remarks: _____
(Please write any additional information, which may help in rechecking of your paper)

_____

_____

Bank Draft/Challan Number:_____Date under which fee was paid: _____

Amount: _____

Note: -   The fee of rechecking is Rs. 1000 per paper. The re-checking form not acceptable after due date.

Undertaking By The Applicant:

I_____ d/s of_____ do hereby solemnly declare that the information provided on this form is true and correct to the best of my knowledge.

Date: _____   Signature of the Candidate_____

Send Application Forms to:

Examination Branch

Punjab Pharmacy Council, Block No. 7, LDA Flats, Huma Block, Allama Iqbal Town, Lahore