



APPLICATION FORM FOR RE-CHECKING

Roll No. _____

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

1. Name in Full:	<input type="text"/>
2. Father's Name:	<input type="text"/>
3. Examination:	_____ (Annual/Supplementary) 20____ Date of Result _____
4. Candidate CNIC#:	<input type="text"/>
5. Subjects(s)/Paper(s) for which checking is applied for:	_____ _____
6. Postal Address:	_____ (All correspondence will be made on this address)
7. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____	(City Code - Phone No)
8. 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: _____

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

