



APPLICATION FORM FOR RE-COUNTING/RE-CHECKING

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

Roll No. _____

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. Name of the Institution:	_____
7. Postal Address:	_____ <small>(All correspondence will be made on this address)</small>
8. Phone No: (OFF) _____ (RES.) _____ (Mobile) _____	<small>(City Code - Phone No)</small>
9. Remarks:	_____ <small>(Please write any additional information, which may help in rechecking of your paper)</small>

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

Amount: _____

Note: - The fee of rechecking is Rs. 1000 per paper. The re-counting/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