



# APPLICATION FORM FOR RE-COUNTING

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

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:

Punjab Pharmacy Council, 169-A, Ahmad Block, New Garden Town, Lahore

