



AL-KARAM INTERNATIONAL INSTITUTE
OFFICE OF THE CONTROLLER OF EXAMINATIONS
PAPER RECHECKING PROFORMA

Name: _____ Father's Name: _____

Examination Roll No: _____ Registration No: _____

Examination / Degree: _____ Semester / Part / Term: _____

Paper to be rechecked:

Couse Code	Course Title	Marks Obtained
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Above mention papers may kindly be rechecked. Receipt of the required fees has been attached herewith it.

Fee Deposited Date: _____ Amount: _____ Bank: _____ Challan # _____

Postal Address: _____

Contact No.: _____

Note: Regular/Internal students must attach copy of result card and relevant answer script before submitting the rechecking application. The application can only be forwarded through department.

Signature of Applicant with date

Head of Department