

## ALLAMA IQBAL OPEN UNIVERSITY

### **Application Form for Re-checking of Answer Book (s)**

24.04.							Signatu	Signature of applicant		
Da	ıted:									
8.	I have read the instructions / important note given below and undertake to abide the rules and regulations of AIOU.									ide by
7.	FEE	PAID RS	V	IDE BAN	NK CHALI	LAN / DI	RAFT NC	)	D	T:
6.	6. POSTAL ADDRESS:									
	iv)						vi)			
	i)			ii)			iii)			
5.	ANWSER BOOK (S) TO BE RE-CHECKED (please mention course code (s) below):									
4.	SEMI	ESTER:			YEAR:					
3.	ROLL	_ NO		RI	EGISTRA	ATION N	O			
2.	FATHER'S NAME:									
1.	NAME (use capital letters):									

#### **Instructions**

- 1. Fill-in the re-checking form carefully.
- 2. Attach photocopy of Result Intimation Card and CNIC.
- 3. Deposit re-checking fee amounting Rs. 600/= per Course Code and attach its original receipt with the application form.
- 4. Mention clearly the Course Code (s) required to be re-checked.

#### **Important Note**

- 1. An application form shall be entertained only if it is complete in all respect and received in the office along with the prescribed fee within 30 days from the date of declaration of the relevant result.
- 2. Incomplete and incorrect application form shall not be entertained.
- 3. Time barred application shall not be entertained.
- 4. The answer script of the candidate shall not be re-assessed.
- 5. Whereas, the re-checking does not mean re-assessment or re-evaluation of the answer script, the re-checking committee shall see that:
  - i) There is no mistake in the grand total on the title page of the answer script.
  - ii) The total of various part of a question has been correctly made at the end of each question.
  - iii) All totals have been correctly brought forward on the title page of the answer script.
  - iv) No portion of any answer has been left un-marked.
  - v) Total marks in the answer script tally with the result intimation card
- 6. Answer Book shall not be shown to the candidate or anybody on his/her behalf.

# For official use only

Men	nber –I	Member –I	Convener
Recomm	nendation (s):		
Finding (			
Re-Chec	king Committee		
Signature	e of Superintendent	Signature o	of Asstt: / Deputy Controller
	ed (in original) to Re-ched	cking Committee:	Signature of dealing official
v)	Answer Book No	of Course Co	de, attached
iv)		of Course Co	
ii) iii)		of Course Co	
i) ::\		of Course Co of Course Co	

**Controller of Examinations (in cover)**