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| **Allama_Iqbal_Open_University_logo.png** | **Application Form for Re-checking of Answer Book (s)** |

1. NAME *(use capital letters)***:** ---------------------------------------------------------------------------
2. FATHER’S NAME: -------------------------------------------------------------------------------------
3. ROLL NO. -------------------------- REGISTRATION NO. -----------------------------------------
4. SEMESTER: ---------------------------- YEAR: -------------------------------------------------------
5. ANWSER BOOK (S) TO BE RE-CHECKED (please mention course code (s) below):
6. -------------------------- ii) ---------------------------- iii) -------------------------------

iv) -------------------------- v) ---------------------------- vi) -------------------------------

1. POSTAL ADDRESS:

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1. FEE PAID RS. -----------VIDE BANK CHALLAN / DRAFT NO.-------------------- DT: -----
2. I have read the instructions / important note given below and undertake to abide by the rules and regulations of AIOU.

Dated: -------------------------- ------------------------------ Signature of applicant

**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:
6. There is no mistake in the grand total on the title page of the answer script.
7. The total of various part of a question has been correctly made at the end of each question.
8. All totals have been correctly brought forward on the title page of the answer script.
9. No portion of any answer has been left un-marked.
10. Total marks in the answer script tally with the result intimation card
11. Answer Book shall not be shown to the candidate or anybody on his/her behalf.

***For official use only***

1. Answer Book No. ------------------------- of Course Code -----------------, attached
2. Answer Book No. ------------------------- of Course Code -----------------, attached
3. Answer Book No. ------------------------- of Course Code -----------------, attached
4. Answer Book No. ------------------------- of Course Code -----------------, attached
5. Answer Book No. ------------------------- of Course Code -----------------, attached

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Signature of dealing official

Forwarded (in original) to Re-checking Committee:

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Signature of Superintendent Signature of Asstt: / Deputy Controller

Re-Checking Committee

Finding (s):

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Recommendation (s):

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Member –I Member –I Convener

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**Controller of Examinations *(in cover)***