

**CONTROLLER OF EXAMINATIONS DRPARTMENT
UNIVERSITY OF MIANWALI**

Phone # 0459-920270 Ex-130

Email:



PAPER RECHACKING PERFORMA

Name: _____ Father's Name: _____

Examination Roll No: _____ Registration No: _____

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

Paper to be rechecked:

Course 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: _____ Challan # _____

Postal Adress: _____

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 Application with date
Department Chairman

Department Chairman

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REF.CE/UMW/:...../2022.

Dated:.....

TO WHOM IT MAY CONCERN

This is certified that Mr. /Miss..... S/O/D/O.....
is a bonafide student of this university under Roll No:..... Session:
Class:Term/Semester 20.....He/ She has appeared/will appear in the
..... Term/Semester Final Examination 20..... and will pass said
Examination in good marks & percentage. I wish him/her success in every mode of life.

**Controller of Examinations,
University of Mianwali.**