



UNIVERSITY OF HEALTH SCIENCES

Khayaban-e-Jamia Punjab, Lahore.

Phone: 042-9231304-9 Ext: 322

APPLICATION FOR RECOUNT OF SCORES

- 1) Name of Applicant (In block letters) _____
- 2) Father's Name (In block letters) _____
- 3) Contact No. _____
- 4) Examination _____ Part _____ / _____ Annual / Supplementary 20 _____
- 5) Roll No. _____ Registration No. _____
- 6) Subject (s) Papers (s) for which recounting is applied for _____

- 7) Name of Institute: _____
- 8) Amount Paid : _____
- 9) Bank Challan No. _____
- 10) Attested Copy of DMC of relevant Examination.

Signature of the Principal (with stamp) _____

Note:

- 1) The purpose of "**recounting**" is only to verify:
 - Totals have been rightly brought forward.
 - No Part /s of answer/s have been left unmarked.
 - The marks of every answer have been correctly recorded on the cover page.
 - There is no mistake in the grand total.
- 2) Application on the prescribed form accompanied by a fee of Rs. 3,500/- per subject **shall be entertained** if received **within 10 days** from the date of declaration of the result.
- 3) Application form received after the due date **shall not be entertained** under any circumstances.
- 4) Response after the recounting process is complete would be forwarded to The Principal of the college within two weeks.
- 5) Recounting Form is available on UHS website: www.uhs.edu.pk

Signature of Applicant _____

Mailing address: _____

