 Khyber Medical University

Peshawar

**APPLICATION FORM FOR RETOTALING**

|  |  |  |  |
| --- | --- | --- | --- |
| **Roll No** | **Year of Examination** | **Annual / Supply** | **Date of Declaration of Result** |

Name of Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Examination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center of Examination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subject(s) in which retotaling to be desired:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subject** | **Marks Obtained** | | **Total Marks** | **Applying for Retotaling in Theory or Viva** |
| **Theory** | **Viva** |
|  |  |  |  |  |
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|  |  |  |  |  |

Fee of Rs.\_\_\_\_\_\_\_\_\_\_\_ Deposited vide\_\_\_\_\_\_\_\_\_\_\_\_ Receipt/DD no.\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_in the name of Treasurer, Khyber Medical University

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| --- |
| **Justification (Optional)** |

**NOTE: Retotaling is allowed within a period of Seven (07) working days, after the declaration of the result, no application / request will be entertained after the lapsed of 07 working days.**