



Shifa Tameer-e-Millat University

شفا تعمیرِ ملّت یونیورسٹی

RETOTALING OF EXAMINATION PAPERS FORM

1. Student Name (as per Matriculation)				
2. University Registration No.		3. Exam Roll Number		
4. Enrolled Program		5. Semester/ Year		
6. Result declared on		7. Date of Application		
8. Student Contact No.		9. Curriculum System (Select one)		<i>Annual</i> <i>Semester</i>
10. Please tick one of the following: <input type="checkbox"/> Sessional 1 ¹ <input type="checkbox"/> Sessional 2 ¹ <input type="checkbox"/> Continuous Assessment Tests ¹ <input type="checkbox"/> Terminal Exam ² <input type="checkbox"/> Block _____ ¹ <input type="checkbox"/> Mid-Term ¹ <input type="checkbox"/> _____ <input type="checkbox"/> _____				
11. Reason for Retotaling				
12. Mention below the course name for which retotaling application is requested.				
Sr.	Course /Module/Stream Name & Code	To be filled in by the Examination Department		
		Marks obtained before Retotaling	Marks after Retotaling	Remarks (Head Exam/ Retotaling Committee)
i				
ii				
iii				
iv				
v				
vi				
vii				
viii				

Student Signature _____

Note: Paper will not be re-checked. Retotaling includes checking and verification of the total marks, any unchecked question and reflection of marks in Continuous Assessment Tests.

¹ Within 03 days of the declaration of result. (Rs. 500/- per paper/stream)

² Within 10 days of the declaration of result. (Rs. 5600/- per paper/stream)

