



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)		Annual Semester
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"/> _____ ¹ <input type="checkbox"/> _____ ²				
11. Reason for Retotaling				
12. Mention below the course name for which retotaling application is requested.				
		<i>To be filled in by the Examination Department</i>		
Sr.	Course /Module/Stream Name & Code	Marks obtained before Retotaling	Marks after Retotaling	Remarks (Head Exam/ Retotaling Committee)
<i>i</i>				
<i>ii</i>				
<i>iii</i>				
<i>iv</i>				
<i>v</i>				
<i>vi</i>				
<i>vii</i>				
<i>viii</i>				

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 Student can apply within 03 days of declaration of result of Continuous Assessments (sessionals, midterms, modules, IA tests etc) with the prescribed fee.

² Student can apply within 10 days of declaration of result of University terminal examinations with the prescribed fee.

FOR OFFICE USE ONLY		Serial No.:	
CONTINUOUS ASSESSMENT TEST		FINAL EXAMINATION	
Rs. ____/- have been received dated _____.		Rs. ____/- have been received dated _____. <i>(Please attached a copy of paid fee receipt)</i>	
_____ <i>Student Affairs Office</i>		_____ <i>Exam Department</i>	
Action taken by	Verified by	Action taken by	Verified by
Exam Officer	Head Exam Cell	Exam Officer	Assistant COE
Decision Recommended by _____ <i>Chairperson/HOD</i>		Decision Recommended by _____ <i>Additional Controller of Examination</i>	
Decision Approved by _____ <i>Dean/Principal/Director</i>		Decision Approved by _____ <i>Controller of Examination</i>	

Note: Please submit a copy of the duly signed form to the Student Affairs Office.