## RAWALPINDI MEDICAL UNIVERSITY RAWALPINDI



Main University Campus, Tipu Road, Rawalpindi Phone No: 051-9230050-4 Ext: 114

Controller of Examinations

## **APPLICATION FOR RECOUNT OF AWARDS**

1. Name of Applicant:	
2. Father's Name:	
3. Examination:	
	Registration No
5. Name of Institute/College:	
	nting is applied for:
7. Amount Paid:	Bank Challan No.
8. Attested Copy of DMC of Relevar	nt Professional Examination
	marks of the Principal/Dean
	<u>.</u>
Note:	Name & Signature of the Principal/Dean (with stamp)
The Purpose of "recounting" is only to  Total awards have been  No part/s of Answer/s ha  The awards/marks of eve  There is no mistake in th  Application on the prescrib shall be entertained if received circumstances.	rightly brought forward.  ave been left unmarked.  ery answer have been correctly transferred on the title page.  ne grand total.  ed form accompanied by a fee of Rs. 3500/- per subjects/ Blocks  ved within 10 days from the date of declaration of the results.  If after the due date shall not be entertained under any  ting process is complete would be forwarded to The Principal of the  sile on www: rmur.edu.pk.
Mailing Address:	<u>Signature of Applicant</u>
Mailing Address:	
	1

❖ All details must be mentioned in Block Letters.