



SUKKUR IBA UNIVERSITY

RECOUNTING APPLICATION FORM

To,

**CONTROLLER OF EXAMINATIONS
SUKKUR IBA UNIVERSITY.**

With due respect, it is to state that I _____

CMSID _____ class _____ section _____

appeared in the final examinations of (course/courses name) _____

in spring/fall/summer _____ obtained marks _____ out of 40/50

in above mentioned subjects. I am not satisfied with the marks that given me that's why I am applying for recount of my final paper/papers above mentioned.

Dated _____

Signature of Student

Student Contact Number: _____

Note: student contact number is mandatory to inform the feedback/status of recounting his/her.