



Khyber Medical University

Peshawar

APPLICATION FORM FOR RETOTALLING

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 retotalling to be desired:

Subject	Marks Obtained	Total Marks

Fee of Rs. _____ Deposited vide _____ Receipt/DD no. _____

Dated _____ in the name of Treasurer, Khyber Medical University

Justification (Optional)

NOTE: Retotalling is allowed within a period of Fifteen (15) days after the declaration of the result.