

SWEDISH COLLEGE OF ENGINEERING & TECHNOLOGY WAH CANTT APPLICATION FORM FOR RECHECKING OF ANSWER BOOK(S) (Office of the Controller of Examinations)

1) Semester:	Fall/Spring/Summer 20
2) Registration No.:	
3) Name of Candidate: (IN BLOCK LETTERS)	
4) Father's Name: (IN BLOCK LETTERS)	
5) Date of Result Declaration	on:
(For which rechecking applied)	ii
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V	vii viii
8) Fee Deposited: Amount: Receipt No.: Date:	
9) Contact Nos	
10) Regulations/Instructi	ons:
ii. The application for from the date of riii. Rechecking fee Rsiv. Amount should bev. Following documea. Photocopy of	a.500/- per paper. deposited in a College Account Office. ents must be attached with the form:
vi. I have read and understood the entire contents of the "Regulations/Instructions".	
Date:	Candidate's Signature