



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
حکومت سندھ، سندھ
وزارت تعلیم، سندھ
گورنمنٹ سکول، سندھ

Re-check Request Form

Candidate Name:

Candidate Number:

Center Number

Write the syllabus code that you would like to re-check:

#	Syllabus	Components to be reviewed	Full clerical re-check	A review of the marking +	A review of the marking + full clerical re-check + a detailed report

Signature:

Signature:

Candidate's Name:

Parent's Name:

Date:

Date:

Office Use only:

Form Received:

Signature:

Name:

Designation:

Date:

Time: