



**KOHAT UNIVERSITY OF SCIENCE & TECHNOLOGY  
EXAMINATIONS SECTION**

Kohat-26000, Khyber Pakhtunkhwa, Pakistan Ph # 0922-554563-65, Fax # 554556

**APPLICATION FORM FOR RECHECKING/RE-TOTALING FEE REFUND  
(SEMESTER SYSTEM)**

1. Name of Candidate (as per SSC): \_\_\_\_\_
2. Father's Name (as per SSC): \_\_\_\_\_
3. CNIC No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
4. Enrollment No: \_\_\_\_\_ Programme: \_\_\_\_\_
5. Department/ Institute/ Centre: \_\_\_\_\_
6. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
7. Contact No: \_\_\_\_\_

**INSTRUCTIONS**  
(Please read the following before submission of form)

1. Attach both the DMCs i.e. the DMC issued before improvement of grade/marks, and the DMC issued after improvement of grade/marks.

2. Attach the Fee Deposit Bank Slip in Original along with the application form.

3. Attach the photocopy of your CNIC.

In case of Rechecking/Re-totaling provide the following information:

Semester: \_\_\_\_\_ Year of Semester: \_\_\_\_\_

Course Code & Title of the Subject: \_\_\_\_\_

Previous Marks (Grade): \_\_\_\_\_ New Grade/Marks (Improved): \_\_\_\_\_

Reason for Refund of Fee: \_\_\_\_\_  
\_\_\_\_\_

The above named applicant/candidate has deposited Rs. \_\_\_\_\_ vide Bank Deposit Receipt No.: \_\_\_\_\_ Dated: \_\_\_\_\_ (fee deposit slip attached in original).

**Signature of the Candidate**

Approval for refund of fee may kindly be granted for a direct payment to the applicant please.

**Dealing Assistant:** \_\_\_\_\_ **Superintendent:** \_\_\_\_\_

The Director Finance, KUST for information and request to make payment to the concerned candidate as per rules in vogue.

**Asst./Dy. Controller of Examinations**

**Controller of Examinations**

Forwarded for further necessary action.

**Director Finance**

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**Acknowledgement**

Received application form for Rechecking/Re-Totaling Fee Refund from Mr./Ms. \_\_\_\_\_

\_\_\_\_\_ Son/ Daughter of \_\_\_\_\_

Registration No. \_\_\_\_\_ Enrollment No. \_\_\_\_\_

Dated \_\_\_\_\_

\_\_\_\_\_  
**Dealing Assistant**