



EXAMINATION RECHECK FORM

Please complete all sections below in full.
Applications not fully completed will not be accepted

REGISTRATION NUMBER _____

NAME _____

ADDRESS _____

EMAIL _____

MOBILE NUMBER _____

Examination Date

_____/_____
MM YEAR

Summer Winter

NOTE: Please supply a contact number/e-mail address at which we can contact you in case of any queries.

Result: Fail ■ Pass ■ Referral Level ■

Payment

Particular subject(s) and paper(s) in which rechecking of answer-books is desired and marks obtained:

Postal Order Bank Draft Amount _____
 Western Union Cash Pay Order Online Transfer

Number: _____

Name of Bank/Exchange _____

City _____

Country _____

Signature: _____

Date: _____

Now that you have completed the examination form please check that all the required information is present and correct.

Examination Recheck Fees (which must accompany this form)

| | Pakistani | Overseas | Non-Pakistani |
|---------------------------------------|-----------|-----------|---------------|
| Module-1 Fundamentals [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |
| Module-2 Knowledge [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |
| Module-3 Essentials [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |
| Module-4 Skills [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |
| Module-5 Professional [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |
| Module-6 Specialisation [per subject] | Rs. 1,000 | Rs. 1,200 | US \$ 20 |

I have read, and I agree to abide by the Examination Recheck Regulations published on the Institute's website www.icpap.com.pk

Please sign below to confirm the above

Signed _____

Date: ____/____/____
DD MM YEAR

Reg. Number _____