

Application No: _____



UNIVERSITY OF BALTISTAN, SKARDU
OFFICE OF THE CONTROLLER OF EXAMINATIONS
Ph.no: 05815-960073

Result Correction Form

Name of student: _____ Registration No: _____

Program: _____ Session: _____

Course: _____ Course Code: _____

Department /College: _____

Semester: Spring Fall Examinations Mid Final

Year: _____

Marks Correction **Any other Issue:** _____

The Issue (To be described by Applicant)

Remarks by the concerned

Faculty _____

Remarks by the Concerned HOD

Concern Faculty

**Convener
Departmental Exam Committee**

**Head of Department/Principal
Signature and Stamp**