

SCRIPT ADMINISTRATIVE REVIEW APPLICATION FORM

EXAMINATION DEPARTMENT

POLICY

- (1) This review service is not a re-marking of examinee's script.
- (2) The Answer Scripts are not shown or returned to the applicant.
- (3) The service is not retrospective.
- (4) It provides marks per question, NOT marks per sub-question.
- (5) If marks are changed as a result of the review, a revised Marks Sheet is issued and the result of the applicant is updated.

I, the undersigned have understood and agreed to the policy laid down above and now would like to apply for the script review.

SERVICE FEE: RS.2,000 PER PAPER (Non-Refundable)

APPLICANT'S PARTICULARS

NAME:		REG. NO.:		ROLL NO.:		
MAILING ADDRESS:					CONTACT NO.:	
					DATE OF REQUEST	
E-MAIL				SIGNATURE		

PAPERS FOR WHICH THE REVIEW IS REQUESTED

SR. NO.	PAPER TITLE	STAGE	RESULT/ MARKS [COPY ATTACHED]	FEE
1.				
2.				
3.				
4.				
TOTAL FEE				

MODE OF PAYMENT [ATTACH EVIDENCE]

Through Pay Order or Demand Draft	<input type="checkbox"/>	Pay Order/ Demand Draft No. _____	Dated _____
Through Voucher	<input type="checkbox"/>	Voucher No. _____	Dated _____

IMPORTANT NOTE:

- ⊙ Duly filled in form along with payment proof must reach Examination Department, ICMAP, Head Office, St-18/C, Block-6, ICMAP Avenue, Gulshan-e-Iqbal, Karachi, not later than deadline specified.
- ⊙ ICMAP is not responsible for any losses incurred as a result of the operation of its review service.
- ⊙ Deadline of the application is 20 days within the announcement of the result.
- ⊙ You will receive written feedback of the outcome of the review in two week's time from the date of receipt of the application.

SEND THIS FORM TO: **DIRECTOR EXAMINATIONS**
INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN
 Head Office: ST-18/C, Block-6, ICMAP Avenue,
 Gulshan-e-Iqbal,
 KARACHI - 75300
 Phone # 021-99243900 Ext.: 111; Fax: 99243342; Email: exam@icmap.com.pk