

# APPLICATION FOR PREVIEW OF ATTEMPTED/ ASSESSED DESCRIPTIVE QUESTIONS [FROM OPERATIONAL LEVEL-1 TO STRATEGIC LEVEL-2 AND LOCAL LAWS GATEWAY EXAMINATION (LLG)]

'A'

APPLICANT'S PARTICULARS														
REGISTRATIC	N N	Ю.:	S-											
ROLL NO.:				EXAM CENTRE:							Recent Photograph Not more than six (6)			
NAME: Not more than six months older														
CNIC NO.:					-							_		Write Name &
EXAM TERM:  Registration No. on the										Registration No. on the back-side of photograph				
MAILING ADDRESS:														
CONTACT NO.: [RES.] [MOB.]														
EMAIL: DATE OF REQUEST:														

PREV	IEW/	EXAM	CENT	RE

Select (✓) your Preview/ Exam Centre:						
	Karachi [Head Office]					
	Lahore					
	Islamabad					
	Multan					
	Faisalabad					
	Hyderabad					
	Peshawar					

NOTE: The medium of Preview Session [i.e. either through Zoom Meeting or at the above selected Preview/ Exam Centre] will be informed to the applicant through the contact details provided in this application.

### PREVIEW REQUIREMENTS

	PAPER	PAYMENT DETAILS [ATTACH EVIDENCE]					
SR. NO.	COURSE(S)	LEVEL(S)	RESULT/ MARKS [COPY ATTACHED]		MODE OF PAYMENT [PAY ORDER/ DEMAND DRAFT/ VOUCHER]	VOUCHER NO.	PAYMENT DATE
1.							
2.							
3.							
			TOTAL FEE				

#### IMPORTANT NOTE

- > All entries are mandatory to be filled up.
- > Application containing incorrect information and without photograph will not be accepted.
- > Application will also not be accepted, if any of the columns found blank.
- Duly filled in form [Form-A for preview purpose] along with payment voucher must reach Examination Department, ICMA Pakistan, Head Office, ST-18/C, Block-6, ICMAP Avenue, Gulshan-e-Iqbal, Karachi, and should also be sent via email at <a href="mailto:exam@icmap.com.pk">exam@icmap.com.pk</a>, not later than the specified deadline.
- > ICMA Pakistan is not responsible for any losses incurred as a result of the operations of its preview service.

#### **SERVICE FEE**

Rs.3,000

[Non-Refundable]

#### **DECLARATION**

I, the applicant, hereby declare that I have understood the requirements of filling this form and that I take full responsibility for any omission or error in filling the form and I also declare that, to the best of my knowledge and belief, the information given in this form is correct and complete in all respects. In the event of being found otherwise I shall abide by the decision of the Institute to summarily reject my application/ withhold my payment. I also undertake and agreed to the modalities [procedure, policy & protocol, etc.] laid down at Circular Ref. # Exam.Policy # PADQ/OL1-SL2-LLG-JUN-22-Rev-III dated September 15, 2022, now would like to apply for the preview.

SIGNATUI	RE

## **PREVIEW ACTIVITIES [FOR OFFICE USE ONLY]**

SCHEDULING ACTIVITIES										
Preview Required For:	Couse(s)		Level(s)		Marks Secured					
Preview Schedule:	Venue/ Exam Centi	ntre Day & Date Time			Time	lime				
PREVIEWING ACTIVITIES										
Identification:	Applicant –   Matched     Unmatched									
Agreement: [Only any one of these will be treated valid]	□ 1- I have previewed my Attempted/ Assessed Descriptive Question(s) and hereby declare and agree that the marking scheme is accurately applied to my solution(s)/ answer(s) for all of my attempted question(s)/ subpart(s) and hence do not appeal for any revision or re-assessment of my Attempted/ Assessed Descriptive Question(s).  □ 2- I have previewed my Attempted/ Assessed Descriptive Question(s) and hereby decide to appeal for re-assessment of my produced solution(s)/ answer(s) and revision of my examination result, if applicable, through Form-B and agree to submit the same [Form-B] within the speculated time period of next three working days from the date of my preview session.  Signature with Date									
Processed By:		Checked By:			Director Fxami	nations				