

#### **EXAMINATION DEPARTMENT**

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

APPLICANT'S PARTICULARS								
REGISTRATION NO.:	S–		MAILING ADDRESS					
ROLL NO.:	EX	AM CENTRE:						
NAME:								
CNIC NO.:								
EXAM TERM:								
DATE OF PREVIEW SESSION:			CONTACT NO.: [RES.]					
CENTRE:			[MOB.]					
EMAIL:			DATE OF REQUEST:					

#### **RE-ASSESSMENT/ RE-EVALUATION REQUIREMENTS**

	PAPER DETAILS	PAYMENT DETAILS [ATTACH EVIDENCE]				
SR. NO.	COURSE(S)	LEVEL(S)	FEE [Rs.3,000 Non-Refundable]	MODE OF PAYMENT [PAY ORDER/ DEMAND DRAFT/ VOUCHER]	VOUCHER NO.	PAYMENT DATE
1.						
2.						
3.						

## **IMPORTANT NOTE**

- All entries are mandatory to be filled up.
- > Application containing incorrect information will not be accepted.
- > Application will also not be accepted, if any of the columns found blank.
- Duly filled in form [Form-B for re-assessment/ re-evaluation 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 exam@icmap.com.pk, not later than the specified deadline.
- > ICMA Pakistan is not responsible for any losses incurred as a result of the operations of its re-assessment/re-evaluation service.
- Feedback on re-assessment will be communicated to the contenders accordingly.

### 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 re-assessment/ re-evaluation of my Attempted/ Assessed Descriptive Question(s).



# SEND THIS FORM TO

EXAMINATION DEPARTMENT INSTITUTE OF COST AND MANAGEMENT ACCOUNTANTS OF PAKISTAN Head Office: ST-18/C, Block–6, ICMAP Avenue, Gulshan-e-lqbal, KARACHI-75300. Phone # 021-99243900 Ext.: 111; Fax: 99243342; Email: <u>exam@icmap.com.pk</u>