



**APPLICATION FOR RECHECKING/ RECOUNTING OF REGISTRATION EXAMINATION
FOR NON-ACCREDITED BATCHES**

EXAM DATA									
EXAMS HELD DATE (DD-MM-YYYY)	___	___	___	___	___	CENTER	___	___	___
Current RESULT (Tick ✓)	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>					
NAME AND CONTACTS									
APPLICANT NAME (BLOCK LETTERS)									
CNIC NUMBER					-				
FATHER NAME (BLOCK LETTERS)									
Address Line1									
Line2									
Mobile Number					Email				
FEE DEPOSIT DETAIL									
DEPOSITED VIA (Tick ✓)	ONLINE	<input type="checkbox"/>	Pay Order	<input type="checkbox"/>	Bank Draft	<input type="checkbox"/>			
FEE DEPOSITED AMOUNT					Date				
Deposit Reference Number (Online / PO/ Bank Draft)									

CANDIDATE'S CONSENT

I _____ hereby give my consent that the exam score or result of pass/ fail status awarded to me may be confirmed, lowered or raised after Rechecking/ Recounting. I certify that the information on this form is complete and accurate.

I have read and understand the instructions given on page-2 of this form and I agree to comply with PCATP regulations and the arrangements made for my request.

I solemnly declare that I would not challenge exam results, rechecking/ recounting results declared by PCATP and the whole or part of the process in any forum or court of law in Pakistan.

I also solemnly declare that I would not publish or post any material in social media, print or electronic media against PCATP regarding the results declared in this regard.

Date

Applicant's Signature

Endorsement by the Institution:

We Confirm the above mentioned information provided by the applicant is correct in all respect and duly verified by us.

Seal of the Institute

Signature of the Head of the Department/ Registrar

Please Check!	1.Fee deposit slip Copy attached <input type="checkbox"/>
	2.CNIC Copy attached <input type="checkbox"/>



PAKISTAN COUNCIL OF ARCHITECTS AND TOWN PLANNERS

Head Office: Office No.7-12, 1st Floor, Usman Centre, D-12 Markaz, Islamabad-45200

Ph: 051-2706668, Email: mail@pcatp.org.pk

Instructions:

- i Please attach copies of CNIC and Payment receipt upon submission of this form
- ii The Rechecking process shall only mean that:
 - (a) Rechecking/ Recounting answer sheet that marks of every question have been counted and the total of marks is correct.
 - (b) Ensuring that every answer has been marked correctly.
 - (c) No Part /s of answer/s have been left unmarked.
 - (d) That the Marks or Pass/ Fail status is correctly included in the final declared result
- iii Applicant can submit, in writing (through email or letter), any of his/ her grievances related to examination to be received in PCATP Head office within 30 days from the date of announcement of the result on PCATP website.
- iv If an incomplete Application ERA-01 (Exam Rechecking Application Form 01) form is submitted or information mentioned in the form is not legible/ understandable, it may cause a delay or the application may not be processed any further. Detail of the requested ERA service(s) and your email address should be verified carefully before submitting the application
- v Response after the rechecking process is complete would be sent to the applicant by email only. No phone calls or visit to the office would be entertained in this regard
- vi Exam Rechecking Application Form ERA-01 is available in pdf format on the PCATP Website: **www.pcatp.org.pk**
- vii Paper rechecking fee of **Rs. 2000/-** (Two thousand rupees only) must be deposited in PCATP account mentioned below and deposit slip to be attached to the application

Bank Account Details

Bank Name : Meezan Bank

Account Title : Pakistan Council of Architects and Town Planners

Account No : 0104582807

Branch Code : 0333

Branch: D-12 Markaz Islamabad

IBN No: PK42MEZN0003330104582807