



Sarhad University

of Science & IT, Peshawar

COMPLAINT FORM

Name of Student: _____

Father Name: _____

Registration Number: _____ Roll Number: _____

Program: _____ Semester / Term : _____

Name of Approved Study Centre (if distant student): _____

Name of Examination (As mentioned on the roll number slip): _____

Postal Address: _____

_____ Contact Number: _____

(Complaint Details)

1. _____

2. _____

3. _____

Dated: ___ / ___ /20__ .

Signature of the Applicant _____

(For Study Centre Use)

Signature and Seal of Centre Manager

(Recommended & Forwarded to Examination Section)

Dated: ___ / ___ /20__ .

Instructions:

- **Please attach the copy of roll number slip, if complaint is regarding result**
- All Students should submit their Complaints through Centre and apply through proper channel.
- **Students can submit their Complaint Form within one week after the declaration of result**
- The reply will be sent to the concern Centre within a period of one week after the receipt of application to the Exam Section
- Extra page can be used if desired

The Application Should be sent directly to the following address

Controller of Examinations
Sarhad University of Science & IT
Landi Akhun Ahmed, Ring Road (Kohat-Hayatabad Link), Peshawar
Tel: +92-91-52390-34/35/45/46