



**NATIONAL UNIVERSITY OF MEDICAL SCIENCES  
RAWALPINDI**

**NEB APPLICATION FOR RETOTALING**

Exam Roll No \_\_\_\_\_ Name \_\_\_\_\_

Father Name \_\_\_\_\_ NIC No \_\_\_\_\_

Respected Sir

It is requested

1. My \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Paper(s) may please  
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Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Signature

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