

## **Important Instructions Re- Checking for Departmental Exam**

1. Rechecking form and fee for re-checking can be sent only through email-on-email id: **hipaexambranch@gmail.com** or by hand/by post, within a span of 20 days after the declaration of the result. Proof of fee paid must attached with application form. Without attachment of fee paid proof, Rechecking will not be considered. No consideration on applying through any other source/medium.
2. Re-checking fee Rs. 1000/- per answer-book as per instructions uploaded on the HIPA web site. The details of bank Accounts are as under:  
Name of Bank: Punjab National Bank  
Account Name: Haryana Institute of Public Administration  
A/C No: 08892010030260  
Account type: Saving IFSC Code: PUNB0088910 Branch  
Address: SCF-62, Sector-17, Gurugram
3. Incomplete Rechecking form/ form received without fee will be directly rejected and no further claim of the candidate will be acceptable in this matter and no fee will be refunded.
4. Only one Rechecking form should be filled by the candidate for one or more than one subjects. Fee deposited is non-refundable.
5. In re-checking, if any unchecked question / part of the question or any totalling mistake found will be considered. There is no provision of re-evaluation of answer sheets in this exam.
6. If any change in the marks due to totalling mistake or any unchecked question / part of the question; Information will be sent to the concern department and revised result will be declared by concern department, Government of Haryana.



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## **Re-checking form SAS-II(OB)**

1. Roll No\_\_\_\_\_
2. Name: \_\_\_\_\_
3. Designation: \_\_\_\_\_
4. Department Name: \_\_\_\_\_
5. Date of Exam conducted: \_\_\_\_\_
6. Address: \_\_\_\_\_  
\_\_\_\_\_
7. Mobile No: \_\_\_\_\_
8. Email id: \_\_\_\_\_
  
9. In which paper you want to re-check your answer sheets.    
i. Budget and Treasury Rules  
ii. Company Law and Allied Acts  
iii. Advance Accountancy  
iv. Cost Accountancy and Fin. Mgt.
  
10. Fee deposit details.  
Amount: \_\_\_\_\_ Transaction ID: \_\_\_\_\_ Date: \_\_\_\_\_
  
11. Proof of fee paid attached Yes/No
12. Reason for applying for re-checking: -  
(i) Unchecked question numbers(s) (if any)  
(ii) Unchecked part of the question numbers(s) (if any)  
(iii) Totaling mistake

**Signature of candidate**