

## **REQUEST FOR RECONSIDERATION (APPEAL) FORM**

This form will allow candidates to appeal an unfavorable non-disciplinary decision taken by IBCA as part of its exam testing process.

The circumstances in which an examinee can appeal are as follows:

- Medical, personal emergency or bereavement in the family
- Immobility issues due to economic restrictions or disruptions
- · Concerns about an unsuccessful exam result
- If obliged to report for an urgent national duty, serve on juries, or are called to court

## **Review:**

**APPELLANT:** 

The request will be reviewed by IBCA within 10 business days of receipt of the request.

Registrant ID*	
Name*	
Email ID*	
Contact Number	
REASON FOR THE APPEAL	
	nformation provided by me is true and correct. I hereby, authorize IBCA to verify the information hat this will be treated as confidential information.
Signature	Date

## **INSTRUCTIONS TO SUBMIT FORM:**

- 1. This form can be edited digitally.
- 2. Download this form and fill the required fields.
- 3. Attach the required documents along with this form and submit here.