## O Usanda OF CHITRAL

## **UNIVERSITY OF CHITRAL**

## APPLICATION FORM FOR VERIFICATION OF DMC / DEGREE

	2. Father's Name:	1.	Name of Applicant
		2.	Father's Name:
	3. University Registration No.	3.	University Registration No.
		4.	Exam Attended
Roll No	4. Exam Attended		Annual /Supply Roll No
		5.	Name of the Institution (if recognized)
e candidate	Annual /Supply Roll No		Or District from which appeared as private candidate
	Annual /Supply Roll No  5. Name of the Institution (if recognized)	6.	Fee deposited (In Figures)(In Words) Rs.
(In Words) <u>Rs.</u>	Annual /Supply Roll No  5. Name of the Institution (if recognized)  Or District from which appeared as private candidate	7.	Date of remittance of fee together with the BOK receipt number
	Annual /Supply	8.	Full address on which the certificate should be sent
e BOK receipt number	Annual /Supply		
e BOK receipt number	Annual /Supply Roll No		
e BOK receipt number	Annual /Supply Roll No		Signature of Applicant
e BOK receipt number	Annual /Supply Roll No		
e BOK receipt numberld be sent	Annual /Supply Roll No		<u>ATTESTED</u>
e BOK receipt number	Annual /Supply Roll No		Concerned Principal (for Regular Candidates)
BOK receipt number	Annual /Supply		Any Gazetted Officer in BPS-17or above (for private Candidates)
BOK receipt number	Annual /Supply Roll No		FOR OFFICE USE ONLY
BOK receipt number	Annual /Supply	Reque	est may be granted Countersigned by Issued by
BOK receipt number	Annual /Supply		
BOK receipt number	Annual /Supply	<u>Dealin</u>	ng Assistant ACE Controller of Examinations
e BOK receipt number	Annual /Supply	Fee Detail:   Transcript Verification Fee Normal Rs: 1000/-Urgent Rs: 1200/-Bank Branch: Receipt No: Date:   Degree Verification Fee Normal Rs: 1500/-Urgent Rs: 2000/-Bank Branch: Receipt No: Date:	
BOK receipt number	Annual /Supply		
BOK receipt number	Annual / Supply		
BOK receipt number	Annual /Supply		
Principal (for Regular Candidates)	Annual /Supply		ACKNOWLEDGEMENT SLIP
Signature of Applicant  ATTESTED  Principal (for Regular Candidates) on BPS-17 or above (for private Candidates)  ROFFICE USE ONLY  Countersigned by Issued by  ACE Controller of Examinations  ont Rs: 1200/-Bank Branch: Receipt No: Date: ss: 2000/-Bank Branch: Receipt No: Date:  Ss: 2000/-Bank Branch: Receipt No: Date:  WLEDGEMENT SLIP  ear (A/S) Roll No deposited Rs /-as	Annual /Supply	Name _ Verifica	ACKNOWLEDGEMENT SLIP  Exam_Year(A/S) Roll Nodeposited Rs/-as ration Fee vide BOK receipt nodatedthe form has been entered relevant
	4. Exam Attended	6. 7.	Name of the Institution (if recognized)
	2. Father's Name:	1.	Name of Applicant