



UNIVERSITY OF CHITRAL

EXAMINATION ADMISSION FORM (FOR SEMESTER STUDENTS)

Picture

Exam Type (Tick) **Fresh** **Re-Appear** **Improvement**

Name of Institution: _____

Department: _____ **Semester:** _____

Name: _____

CNIC No.

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Father's Name: _____

Cell No. _____ **Email Address:** _____

Last Roll No. _____ **Exam**

Spring		Fall	
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Year _____

EXAMINATION DATA:

Detail of Examination passed on the basis of which appearing in the examination applied for:

Name of Examination	Roll No	Year	Mark Obtained	Max Marks	Board/University

SUBJECT IN WHICH TO APPEAR:

S.No.	Subject Name	S.No.	Subject Name
1.		5.	
2.		6.	
3.		7.	
4.		8.	

SUBJECT IN WHICH TO REAPPEAR (FOR REPEATERS ONLY WHEN ALLOWED)

S.No.	Subject Name	Semester	S.No.	Subject Name	Semester
1.			5.		
2.			6.		
3.			7.		
4.			8.		

DECLARATION

I _____ Son/D of _____

Hereby solemnly declare that the information given in the aforementioned space are correct. In case of wrong information or concealment of facts, I shall be responsible for the consequence. Further, I undertake to abide by the rules and bylaws of the examination of the University of Chitral.

I deposited Rs Vide Receipt No: Dated in BOK Branch
_____. It is further declared that I have taken the required number of classes.

Counter Signature of Head of the
Department/Institution
Dated:

Signature of the Candidate
Dated

INSTRUCTIONS

1. The following document must be attached with this form.
 - a. An attested copy of DMC of the last examination.
 - b. Three Attested Passport size recent coloured photographs (for 1st semester fresh students only)
 - c. Bank receipt of Rs. _____ as Examination fee.
2. The form must be countersigned by the Head of the Department concerned.
3. The form, complete in all respects should reach the office of the Controller of Examination on or before the last date for receipt of the form to be announced by the Controller of Examination.

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OFFICE USE ONLY

Eligible In- Eligible Any Remarks. _____

Roll No. Allotted _____

Entered by In-Charge Registration: _____

Checked by Assistant Controller: _____

Confirmed by CE/DCE: _____