



UNIVERSITY OF CHITRAL

APPLICATION FORM FOR DUPLICATE DETAILED MARKS CERTIFICATE

1. Name of the applicant _____
2. Father's Name _____
3. University Registration No. _____
4. Exam Attended _____ Year _____
Annual / Supply _____ Roll No. _____
5. Name of the Institution (if recognized) _____
Or District from which appeared as private candidate _____
6. Fee deposited (In Figures) _____ (In Words) Rs. _____
7. Date of remittance of fee together with the BOK receipt number _____
8. Full address on which the certificate should be sent _____

Signature of Applicant

ATTESTED
(for Regular / late college candidates only)

Signature / Seal of Concerned Principal

FOR OFFICE USE ONLY

Request may be granted

Countersigned by

Issued by

Dealing Assistant

ACE

Controller of Examinations

ACKNOWLEDGEMENT SLIP

Name _____ Exam _____ Year _____ (A/S) Roll No _____ deposited Rs. _____/-as
Duplicate DMC Fee vide BOK receipt no. _____ dated _____ the form has been entered in
relevant register vide diary number _____ dated ___/___/20 _____

Initial of Dealing Official _____