



UNIVERSITY OF CHITRAL

APPLICATION FORM FOR VERIFICATION OF DMC / DEGREE

1. Name of Applicant _____
2. Father's Name: _____
3. University Registration No. _____
4. Exam Attended _____
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

Concerned Principal (for Regular Candidates)
Any Gazetted Officer in BPS-17 or above (for private Candidates)

FOR OFFICE USE ONLY

Request may be granted

Countersigned by

Issued by

Dealing Assistant _____

ACE _____

Controller of Examinations _____

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: _____

ACKNOWLEDGEMENT SLIP

Name _____ Exam Year _____ (A/S) Roll No _____ deposited Rs. _____/-as

Verification Fee vide BOK receipt no. _____ dated _____ the form has been entered relevant
register vide diary number _____ dated ____/____/20____

Initial of Dealing Official _____