



**UNIVERSITY OF CHITRAL**  
APPLICATION FORM FOR  
**CANCELLATION OF REGISTRATION**  
(Fee Rs. 1000/-)

1. Name of the Student \_\_\_\_\_
2. Father's Name \_\_\_\_\_
3. Exam \_\_\_\_\_ Roll No \_\_\_\_\_ Year \_\_\_\_\_ A/S (attach Affidavit and original DMC if already appeared in Exam)
4. Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_
5. Name of the Institution (if recognized) \_\_\_\_\_  
or District from which appeared as private candidate \_\_\_\_\_
6. University Registration Number which is requested to be cancelled \_\_\_\_\_  
\_\_\_\_\_
7. Previously Registered Discipline / Exam which is required to be cancelled (Exam) \_\_\_\_\_  
\_\_\_\_\_
8. Fee deposited (In Figures) \_\_\_\_\_ In Words (Rupees) \_\_\_\_\_  
\_\_\_\_\_ Deposit Slip No \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
9. Brief Reasons / Justification for Cancellation of Registration: \_\_\_\_\_  
\_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ son / daughter of \_\_\_\_\_ hereby solemnly declare that I request to cancel my registration at my own will / discretion with complete sanity. I further affirm that neither I have been forced for it by anybody else nor can I hold any person or institution responsible for it in future.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Attestation by Principal / Head of Institution (in case of Regular Student) OR any Gazetted Officer (in case of Private Candidate)

**FOR OFFICE USE ONLY**

May be issued

Countersigned by

Issued by

\_\_\_\_\_  
Dealing Assistant

\_\_\_\_\_  
ACE

\_\_\_\_\_  
Controller of Examinations

**ACKNOWLEDGEMENT SLIP**

Name \_\_\_\_\_ Exam \_\_\_\_\_ Year \_\_\_\_\_ (A/S) Roll No \_\_\_\_\_ has deposited Registration Cancellation Fee vide BOK (IBB) receipt no. \_\_\_\_\_ Dated \_\_\_\_\_ the form has been entered in relevant register vide diary number \_\_\_\_\_ dated \_\_\_\_ / \_\_\_\_ / 20\_\_

Initial of Dealing Official \_\_\_\_\_