



UNIVERSITY OF CHITRAL

APPLICATION FORM FOR DECLARATION OF BELATED RESULT /ISSUANCE OF WITHHELD /REVISED DMC

1. Name of the applicant _____
2. Father's Name _____
3. Exam Attended _____ Year _____
Annual/ Supply _____ Roll No. _____
4. Name of the Institution (if recognized) _____
Or District from which appeared as private candidate _____
5. Reason for withholding Results / DMC:-
 - a. Amount of fee, less deposited (now cleared) _____
 - b. Amount of late fee incurred due late submission of form _____
 - c. Document (s) deficiency _____
 - d. UFM Fine _____
 - e. Any other reason (s) _____

6. Date of remittance of fee together with the BOK receipt number _____
7. Full address on which the certificate should be sent _____

Signature of Applicant

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
R/L Revised DMC Fee vide BOK receipt no. _____ dated _____ the form has been entered
relevant register vide diary number _____ dated ____/____/20____
Initial of Dealing Official _____