



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 HBL receipt no. _____ dated _____ the form has been entered in relevant register vide diary number _____ dated ____ / ____ / 20__

Initial of Dealing Official _____