EXAMINATION ADMISSION FORM

FOR SEMESTER STUDENTS

Exam Type (Tick)  
Fresh  Re-Appeared  Improvement

Name of Campus/ Institution (Tick)  
SBBU Main Campus Sheringal  SBBU Booni Campus  
SBBU Wari Campus  Govt. Degree College Wari, Dir Upper  
SBBU Chitral Campus  Govt Commercial Institute Wari, Dir Upper

Department  Semester

Name

Father’s Name

CNIC No. - - - - - - - - - -

Cell#  E-Mail Address

Last Roll No.  Exam  Spring  Fall  Year

EXAMINATION DATA:

Detail of Examination passed on the basis of which appearing in the examination applied for:

Name of Examination  Roll No  Year  Marks Obtained  Max Marks  Board/ University

SUBJECTS IN WHICH TO APPEAR:

S.No  Subject Name  S.No.  Subject Name
1.  5.  
2.  6.  
3.  7.  
4.  8.  

SUBJECTS IN WHICH TO REAPPEAR (FOR REPEATERS ONLY WHEN ALLOWED):

S.No  Subject Name  Semester  S.No.  Subject Name  Semester
1.  5.  
2.  6.  
3.  7.  
4.  8.  

P.T.O
DECLARATION

I ___________________________ Son/D of ___________________________

Hereby solemnly declare that the information given in the fore mentioned spaces are correct. In case of wrong information or concealments of facts, I shall be responsible for the consequences. Further, I undertake to abide by the rules and bylaws of the examinations of the Shaheed Benazir Bhutto University.

I deposited Rs …………………… vide Receipt No: ……………… Dated ………………. in HBL, Branch________________________. It is further declared that I have taken the required number of classes.

________________________              _________________________
Counter Signature of Head of the                Signature of the Candidate
Department/ Institution                        Date: ……………………
Dated: ………………………

INSTRUCTIONS

1. The following documents must be attached with this form.
   a. An attested copy of DMC of the last Examination
   b. Three Attested Passport size recent coloured photographs (for 1st semester fresh students only)
   c. Original Migration Certificate from concerned Board/ University if not submitted yet.
   d. Bank receipt of Rs. _________________ as Examination fee.

2. The form must countersigned by head of the Department concerned.

3. The form complete in all respect should reach the office of the Controller of Examinations on or before the last dates of receipt of the form to be announced by the Controller of Examinations.

FEE SCHEDULE:

Eligible. □    In-eligible □    Any Remarks.______________________________

Roll No. Allotted______________________________

Entered by:______________________________(K.P.O)

Checked by:______________________________(ACE/DCE)

Confirmed by: _____________________________(CE)