



SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

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

Diary No _____

Dated _____

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. Name of the Institution (if recognized) _____
or District from which appeared as private candidate _____
5. University Registration Number which is requested to be Canceled _____
6. Previously Registered Discipline / Exam which is required to be cancelled (Exam) _____
7. Papers / Discipline offered for Re-Registration (Exam / Discipline) _____

Ser#	Paper / Subject	Code No	Ser#	Paper / Subject	Code No
a.			e.		
b.			f.		
c.			g.		
d.			h.		

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 / Superintendent

Controller of Examinations

ACKNOWLEDGEMENT SLIP

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