SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL APPLICATION FORM FOR INTER-UNIVERSITY MIGRATION CERTIFICATE

1. Name of the applicant.

| | | - | | | |
|--|---------------------|----------------------------|--|--|--|
| 2. Father's Name | | | | | |
| 3. CNIC No | | | | | |
| 4. Phone No | | | | | |
| 5. SBBU Registration Number | | | | | |
| 6. Name of the last University Examination passed /Failed | | | | | |
| 7. Year of Passing | 7. Roll No | | | | |
| 8. Name of Institution (if recognized) | | | | | |
| or District from which appeared in the last exam. | | | | | |
| 9. Name of the University to which the candidate wants to migrate | | | | | |
| | | | | | |
| 10. Deposited Rs. | Rupees | | | | |
| | | as Normal/Urgent fee. | | | |
| 11. Full Address on which the certificate should be sent | | | | | |
| Forwarded by. | | | | | |
| . o. waraca by. | | | | | |
| | | | | | |
| Signature and seal of the Principal of the | | | | | |
| College last attended /Gazetted Officer for Signature of applicant | | | | | |
| Private Candidates (Entries No. 1 to 11 verified) | | | | | |
| | FOR OFFICE USE ONLY | | | | |
| | FOR OFFICE USE ONLY | | | | |
| May be allowed | Countersigned by | Issued by | | | |
| | | | | | |
| | | | | | |
| D/Assistant | ACE/Superintendent | Controller of Examinations | | | |

FEE SCHEDULE FOR MIGRATION CERTIFICATE

| Migration Type | Fee After Two Weeks | Fee After One Weeks | Urgent Fee (Next Day) |
|--------------------|---------------------|---------------------|-----------------------|
| Original | Rs.1500/- | Rs.2000/- | Rs.2500/- |
| Duplicate/ Revised | | | Res. 3000/- |