

SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL

APPLICATION FORM FOR

PROVISIONAL	CEDTIEICATE
PRUVISIUNAL	CERTIFICATE

		(Private Candida	tes Only)				
(Aft	Fee Structure er Receipt of Application in SBBU Exam Section)	Normal (After T Weeks)	wo Medium (Af Wee		Urgent (Next Day)		
1.	Name of the Applicant			I			
2.	Father's Name:	Phone No.					
3.	Exam Attended	Year					
	Annual / Supply	Roll No(Attach attested copy of DMC					
	University Registration No Whether the exam was passed as a whole or in parts:						
	District from which appeared in the Exam						
0.	District from which appea	ileu ili ilie Exaili_					
7.	Fee deposited (In Figures)(In Words) <u>Rs.</u>						
8.	Date of remittance of fee together with the HBL receipt number						
9.	Full address on which the	certificate should	be sent				
				Signat	ure of Applica		
Request	may be granted	FOR OFFICE US Countersigned by		Issued	by		
Dealing .	Assistant	ACE / Superintend	lent	Contro	oller of Examination		
		ACKNOWLEDGEN					
	E			_			
	nal Certificate Fee vide HBL re	-			form has be		
entered	n relevant register vide diary i						
			Initial of Dealing O	fficial			